



Retiree RxCare

2018 Four Tier Formulary

(List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT SOME OF THE DRUGS WE COVER IN THIS PLAN**

Formulary ID No. 18400, Version 5

This formulary was updated on September 1, 2017. For more recent information or other questions, please contact Retiree RxCare Contact Center at 1-855-693-3921 or for TTY users, 1-855-693-3921, Monday through Friday, 8:00 AM to 8:00 PM (EST), or visit <http://retireerxcare.amwins.com>.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Envision Insurance Company. When it refers to “plan” or “our plan,” it means Retiree RxCare.

This document includes a partial list of the drugs (formulary) for our plan which is current as of September 1, 2017. For a complete updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2019, and from time to time during the year.

Retiree RxCare is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Retiree RxCare depends on contract renewal.

This information is available for free in other languages. Please call our Contact Center number above.

The formulary may change at any time. You will receive notice when necessary.

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Retiree RxCare Formulary

What is the Retiree RxCare Formulary?

A formulary is a list of covered drugs selected by Retiree RxCare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Retiree RxCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Retiree RxCare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60 day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of September 1, 2017. To get updated information about the drugs covered by Retiree RxCare, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 6. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular, Hypertension / Lipids." If you know what your drug is used for, look for the category name in the list that begins on page 6. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 71. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next

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to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Retiree RxCare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Retiree RxCare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Retiree RxCare before you fill your prescriptions. If you don't get approval, Retiree RxCare may not cover the drug.
- **Quantity Limits:** For certain drugs, Retiree RxCare limits the amount of the drug that Retiree RxCare will cover. For example, Retiree RxCare provides 30 tablets per 30 days for zolpidem tartrate 10mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Retiree RxCare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Retiree RxCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Retiree RxCare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Retiree RxCare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Retiree RxCare's formulary?" on page 3 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact our Contact Center and ask if your drug is covered.

If you learn that Retiree RxCare does not cover your drug, you have two options:

- You can ask our Contact Center for a list of similar drugs that are covered by Retiree RxCare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Retiree RxCare.

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- You can ask Retiree RxCare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Retiree RxCare's Formulary?

You can ask Retiree RxCare to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level, if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs Retiree RxCare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Retiree RxCare will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30 day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30 day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98 day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For current members, who are in a long-term care facility or going through level of care changes, Retiree RxCare will allow up to a one month supply of medication.

Examples of level-of-care changes may include:

- Discharge from a hospital to a home setting (i.e., assisted living, long-term care (LTC), or private home) accompanied by a list of medications that may not always consider the plan drug list due to the short-term nature of the hospital visit
- Termination of a Medicare Part A skilled nursing facility stay (where payments include all pharmacy charges)
- Hospice disenrollment
- Leaving a long-term care facility stay and returning to the community
- Discharge from psychiatric hospitals with drug regimens that are highly individualized

For more information

For more detailed information about your Retiree RxCare prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Retiree RxCare, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit www.medicare.gov.

Retiree RxCare's Formulary

The formulary that begins on page 6 provides coverage information about the drugs covered by Retiree RxCare. If you have trouble finding your drug in the list, turn to the Index that begins on page 71.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

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The information in the Requirements/Limits column tells you if Retiree RxCare has any special requirements for coverage of your drug.

Understanding the Requirements/Limits	
Abbreviation	Definition
PA Prior Authorization	Prior Authorization is required to determine if your drug is covered under the plan. Additional information may be required from you or your physician to make the determination before you may get your prescription filled. If you do not get approval, Retiree RxCare may not cover the medication and you will be responsible for the full cost of the drug.
B/D Medicare Part B	This drug requires a Prior Authorization to determine if the drug is covered under Medicare Part B or Medicare Part D. Additional information may be required from you or your physician to make the determination before you may get your prescription filled. If you do not get approval, Retiree RxCare may not cover the medication and you will be responsible for the full cost of the drug, or for submitting the drug to your Medicare health plan.
LA Limited Access	Limited Access medications may not be available at all pharmacies. For information about where you can get this medication please call the phone numbers listed on the cover of this formulary.
QL Quantity Limits	This medication has restrictions or a Quantity Limit to the number of doses that may be covered for a specific day supply. Quantity limits are for your own safety and to ensure proper use of the drug. If your prescriber requests a quantity greater than the specific limit, you may request an authorization for the plan to cover the prescribed amount.
ST Step Therapy	This drug requires Step Therapy because there are other, lower cost alternative medications that are used to treat the same condition. You may be required to try an alternative drug to treat your condition before this drug may be covered. If you have tried other drugs and you and your prescriber do not think the other drugs are right for your situation, you may request that this medication be covered.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib caps</i>	1	QL (60 EA per 30 days)
<i>diclofenac potassium</i>	3	
<i>diclofenac sodium dr</i>	3	
<i>diclofenac sodium er</i>	3	
<i>diclofenac sodium xr</i>	3	
<i>diclofenac sodium/misoprostol</i>	3	
<i>diclofenac sodium gel 3%</i>	1	
<i>diflunisal tabs 500mg</i>	1	
<i>etodolac er</i>	1	
<i>etodolac caps, tabs</i>	1	
FENOPROFEN CALCIUM CAPS 400MG	3	
<i>fenoprofen calcium tabs</i>	3	
<i>flurbiprofen tabs</i>	1	
<i>ibuprofen susp</i>	1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>indomethacin er</i>	3	PA
<i>indomethacin sr</i>	3	PA
INDOMETHACIN INJ	3	PA
<i>indomethacin caps</i>	3	PA
<i>ketoprofen er cp24 200mg</i>	3	
<i>ketoprofen caps 50mg, 75mg</i>	1	
<i>ketorolac tromethamine inj 15mg/ml, 300mg/10ml, 30mg/ml</i>	3	PA
<i>ketorolac tromethamine tabs 10mg</i>	3	QL (20 EA per 30 days) PA
<i>meclofenamate sodium caps</i>	3	
<i>mefenamic acid caps</i>	3	
<i>meloxicam susp, tabs</i>	1	
<i>nabumetone tabs</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium cr</i>	1	
<i>naproxen sodium er tb24 375mg</i>	1	
<i>naproxen sodium tabs 275mg, 550mg</i>	1	
<i>naproxen susp, tabs</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam caps</i>	1	
<i>sulindac tabs</i>	1	
<i>tolmetin sodium caps</i>	1	
<i>tolmetin sodium tabs</i>	3	
Opioid Analgesics, Long-acting		
BUPRENORPHINE	2	QL (4 EA per 28 days)
<i>buprenorphine hcl inj 0.3mg/ml</i>	3	
<i>buprenorphine hcl inj 0.3mg/ml</i>	4	
BUTRANS	2	QL (4 EA per 28 days)
EMBEDA CPCR 20MG; 0.8MG, 30MG; 1.2MG, 50MG; 2MG, 60MG; 2.4MG	2	
EMBEDA CPCR 100MG; 4MG, 80MG; 3.2MG	4	
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl pt72 87.5mcg/hr</i>	4	
<i>hydromorphone hcl er t24a 12mg, 8mg</i>	3	
<i>hydromorphone hcl er t24a 16mg, 32mg</i>	4	
<i>hydromorphone hydrochloride er</i>	4	
INFUMORPH 200	3	
INFUMORPH 500	3	
<i>levorphanol tartrate tabs</i>	4	
<i>methadone hcl intensol</i>	1	
<i>methadone hcl conc, oral soln, tabs</i>	1	
<i>methadone hcl inj</i>	3	
<i>methadose sugar-free</i>	1	
<i>methadose conc 10mg/ml</i>	1	
<i>morphine sulfate cr tbcr 60mg</i>	1	
<i>morphine sulfate er cp24 10mg, 120mg, 20mg, 30mg, 45mg, 50mg, 60mg, 75mg, 80mg, 90mg</i>	3	
<i>morphine sulfate er cp24 100mg</i>	4	
<i>morphine sulfate er tbcr</i>	1	
<i>oxymorphone hydrochloride er</i>	3	
<i>tramadol hcl er tb24</i>	1	
Opioid Analgesics, Short-acting		
ABSTRAL	4	PA
<i>acetaminophen/codeine</i>	1	
<i>ascomp/codeine</i>	3	PA
<i>aspirin-caffeine-dihydrocodeine</i>	1	
<i>butalbital compound/codeine caps 325mg; 50mg; 40mg; 30mg</i>	3	PA
<i>butalbital/acetaminophen/caffeine/codeine</i>	3	PA
<i>butalbital/aspirin/caffeine/codeine</i>	3	PA
<i>butorphanol tartrate nasal soln</i>	1	
<i>butorphanol tartrate inj</i>	3	
<i>codeine sulfate tabs</i>	1	
<i>codeine/acetaminophen</i>	1	
<i>duramorph</i>	1	
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	
<i>endodan tabs 325mg; 4.835mg</i>	1	
<i>fentanyl citrate oral transmucosal lpop 200mcg, 400mcg</i>	3	PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 600mcg, 800mcg</i>	4	PA
<i>fentanyl citrate inj 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml, 500mcg/10ml</i>	3	B/D
FENTORA TABS 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	4	PA
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	1	
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 2.5mg</i>	1	
<i>hydrocodone/acetaminophen soln</i>	1	
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone/ibuprofen</i>	1	
<i>hydromorphone hcl dosette</i>	1	
<i>hydromorphone hcl liqd, tabs</i>	1	
<i>hydromorphone hcl inj 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	1	
<i>ibudone tabs 5mg; 200mg</i>	1	
LAZANDA	4	PA
<i>lorcet</i>	1	
<i>lorcet hd</i>	1	
<i>lorcet plus tabs 325mg; 7.5mg</i>	1	
<i>lortab tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	
<i>morphine sulfate oral soln, tabs</i>	1	
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 15mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 8mg/ml</i>	1	
<i>morphine sulfate inj 150mg/30ml, 1mg/ml</i>	1	B/D
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	3	
<i>oxycodone hcl caps, soln, tabs</i>	1	
<i>oxycodone hcl conc</i>	3	
<i>oxycodone/acetaminophen soln</i>	1	
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	1	
<i>oxycodone/ibuprofen</i>	1	
<i>oxymorphone hydrochloride</i>	1	
<i>pentazocine/naloxone hcl</i>	3	PA
PRIMLEV TABS 300MG; 5MG, 300MG; 7.5MG	3	
PRIMLEV TABS 300MG; 10MG	4	
<i>reprexain tabs 10mg; 200mg</i>	1	
ROXICET SOLN	3	
SUBSYS	4	PA
<i>tramadol hcl tabs</i>	1	
<i>tramadol hydrochloride/acetaminophen</i>	1	
<i>vicodin es tabs 300mg; 7.5mg</i>	1	
<i>vicodin hp tabs 300mg; 10mg</i>	1	
<i>vicodin tabs 300mg; 5mg</i>	1	
<i>xylon</i>	1	
Anesthetics		
Local Anesthetics		
<i>glydo</i>	1	
<i>lidocaine and tetracaine cream</i>	3	
<i>lidocaine hcl jelly</i>	1	
<i>lidocaine hcl/dextrose ie soln 7.5%; 5%</i>	3	
<i>lidocaine hcl gel 2%</i>	1	
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	1	
<i>lidocaine hcl external soln 4%</i>	1	
<i>lidocaine hcl mouth/throat soln 4%</i>	1	
<i>lidocaine viscous</i>	1	
<i>lidocaine/epinephrine</i>	1	
<i>lidocaine/prilocaine crea</i>	1	QL (30 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine oint</i>	3	
<i>lidocaine ptch</i>	3	PA
PLIAGLIS	3	
<i>xylocaine dental inj</i>	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	1	
<i>disulfiram tabs</i>	1	
VIVITROL	4	PA
Opioid Dependence Treatments		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	2	QL (360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl subl 2mg, 8mg</i>	1	
<i>naltrexone hcl tabs</i>	1	
SUBOXONE FILM 4MG; 1MG	2	QL (180 EA per 30 days)
SUBOXONE FILM 2MG; 0.5MG	2	QL (360 EA per 30 days)
SUBOXONE FILM 12MG; 3MG	2	QL (60 EA per 30 days)
SUBOXONE FILM 8MG; 2MG	2	QL (90 EA per 30 days)
ZUBSOLV SUBL 2.9MG; 0.71MG	3	QL (180 EA per 30 days)
ZUBSOLV SUBL 11.4MG; 2.9MG	3	QL (30 EA per 30 days)
ZUBSOLV SUBL 1.4MG; 0.36MG	3	QL (360 EA per 30 days)
ZUBSOLV SUBL 8.6MG; 2.1MG	3	QL (60 EA per 30 days)
ZUBSOLV SUBL 0.7MG; 0.18MG, 5.7MG; 1.4MG	3	QL (90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl inj 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	1	
NARCAN LIQD	2	
Smoking Cessation Agents		
<i>buproban</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl sr tb12 150mg</i>	1	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	2	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK	2	QL (504 EA per 365 days)
CHANTIX TABS 0.5MG, 1MG	2	QL (504 EA per 365 days)
NICOTROL INHALER	3	QL (2688 EA per 365 days)
NICOTROL NS	2	QL (360 ML per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	1	
<i>gentak oint</i>	1	
<i>gentamicin sulfate pediatric</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 0.8mg/ml; 0.9%, 0.9mg/ml; 0.9%, 1.2mg/ml; 0.9%, 1.4mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate crea, external oint, ophthalmic oint, ophthalmic soln</i>	1	
<i>gentamicin sulfate inj 10mg/ml, 40mg/ml</i>	1	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	1	
<i>neomycin sulfate</i>	1	
<i>neomycin/polymyxin b sulfates</i>	1	
<i>paromomycin sulfate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>streptomycin sulfate inj 1gm</i>	3	
<i>tobramycin sulfate inj, ophthalmic soln</i>	1	
TOBREX OINT	3	
Antibacterials, Other		
ALTABAX	3	
<i>baciim</i>	1	
<i>bacitracin inj, oint</i>	1	
BACTROBAN NASAL	3	
<i>chloramphenicol sodium succinate</i>	3	
CLEOCIN SUPP	3	
<i>clindacin etz pledgets</i>	1	
<i>clindacin-p</i>	1	
<i>clindamycin</i>	1	
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate add-vantage</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>clindamycin phosphate pharmacy bulk package</i>	1	
<i>clindamycin phosphate crea, gel, inj, lotn, external soln, swab</i>	1	
<i>clindamycin phosphate foam</i>	3	
CLINDESSE	3	
<i>colistimethate sodium</i>	3	
CORTISPORIN CREA, OINT	3	
DALVANCE	4	
<i>daptomycin</i>	4	
FLAGYL ER	3	
<i>lincomycin hcl inj</i>	1	
<i>linezolid susr</i>	4	QL (1800 ML per 28 days)
<i>linezolid tabs</i>	4	QL (56 EA per 28 days)
<i>linezolid inj 600mg/300ml</i>	3	
<i>mafenide acetate pack</i>	3	
<i>methenamine hippurate</i>	1	
METRO IV	3	
<i>metronidazole in nacl 0.79%</i>	1	
<i>metronidazole vaginal</i>	1	
<i>metronidazole caps, crea, gel, lotn, tabs</i>	1	
MONUROL	3	
<i>mupirocin calcium</i>	1	
<i>mupirocin crea, oint</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>nitrofurantoin macrocrystals caps 25mg</i>	3	QL (1440 EA per 365 days)
<i>nitrofurantoin macrocrystals caps 100mg</i>	3	QL (360 EA per 365 days)
<i>nitrofurantoin macrocrystals caps 50mg</i>	3	QL (720 EA per 365 days)
<i>nitrofurantoin monohydrate</i>	3	QL (180 EA per 365 days)
<i>nitrofurantoin monohydrate/macrocrystals</i>	3	QL (180 EA per 365 days)
<i>nitrofurantoin caps</i>	3	QL (360 EA per 365 days)

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin susp</i>	3	QL (7200 ML per 365 days)
NORITATE	4	
ORBACTIV	4	
<i>polymyxin b sulfate inj</i>	1	
PRIMSOL	3	
<i>rosadan</i>	1	
<i>silver sulfadiazine crea</i>	1	
SIVEXTRO	4	QL (6 EA per 30 days)
<i>ssd</i>	1	
SULFAMYLON CREA	3	
SYNERCID INJ 350MG; 150MG	4	
<i>tigecycline</i>	4	
<i>trimethoprim tabs</i>	1	
TRIMPEX SOLN	3	
<i>vancomycin hcl in dextrose</i>	1	
<i>vancomycin hcl caps</i>	1	
<i>vancomycin hcl inj 1000mg, 10gm, 5000mg, 500mg, 750mg</i>	1	
<i>vandazole</i>	1	
VIBATIV	3	
XIFAXAN	4	PA
Beta-lactam, Cephalosporins		
AVYCAZ	4	
<i>cefaclor er tb12 500mg</i>	3	
<i>cefaclor caps</i>	3	
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	3	
<i>cefadroxil</i>	1	
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%</i>	1	
<i>cefazolin sodium inj 100gm, 10gm, 1gm, 1gm; 5%, 20gm, 300gm, 500mg</i>	1	
<i>cefazolin inj 2gm/100ml; 4%</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefepime/dextrose</i>	1	
<i>cefixime</i>	3	
<i>cefotaxime sodium</i>	1	
<i>cefotetan</i>	1	
<i>cefotetan/dextrose</i>	1	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime/dextrose</i>	1	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	1	
<i>ceftibuten caps</i>	3	
<i>ceftriaxone in iso-osmotic dextrose</i>	1	
<i>ceftriaxone sodium inj</i>	1	
<i>ceftriaxone/dextrose</i>	1	
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cephalexin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SUPRAX CAPS, CHEW	2	
SUPRAX SUSR 500MG/5ML	4	
<i>tazicef inj 1gm, 2gm, 6gm</i>	1	
TEFLARO	4	
<i>zinacef inj 1.5gm; 0, 750mg</i>	1	
Beta-lactam, Other		
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 2GM; 0	3	
<i>azactam in iso-osmotic dextrose inj 1gm; 0</i>	3	
<i>aztreonam</i>	3	
DORIBAX	3	
DORIPENEM INJ 250MG	3	
DORIPENEM INJ 500MG	4	
<i>imipenem/cilastatin</i>	3	
INVANZ	3	
<i>meropenem</i>	1	
<i>meropenem/sodium chloride</i>	1	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin chew 125mg, 250mg</i>	1	
<i>amoxicillin caps, susr, tabs</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium inj</i>	1	
<i>ampicillin-sulbactam</i>	1	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	
BACTOCILL IN DEXTROSE INJ 0; 1GM/50ML	3	
BACTOCILL IN DEXTROSE INJ 0; 2GM/50ML	4	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin</i>	4	
<i>nafcillin sodium inj 1gm, 2gm</i>	3	
<i>nafcillin sodium inj 10gm</i>	4	
<i>oxacillin sodium inj 10gm</i>	1	
<i>oxacillin sodium inj 1gm, 2gm</i>	3	
<i>penicillin g potassium in iso-osmotic dextrose</i>	1	
<i>penicillin g potassium inj 2000000unit, 5000000unit</i>	1	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	1	
<i>pfizerpen-g inj 5000000unit</i>	1	
<i>piperacillin sodium/ tazobactam sodium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
<i>piperacillin/tazobactam inj 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 4gm; 0.5gm</i>	1	
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	3	

Drug Name	Drug Tier	Requirements/Limits
Macrolides		
AZASITE	3	
<i>azithromycin pack, susr, tabs</i>	1	
<i>azithromycin inj 500mg</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin susr, tabs</i>	1	
DIFICID	4	
<i>ery</i>	1	
ERY-TAB	2	
ERYPED 400	4	
<i>erythrocin lactobionate inj 500mg</i>	3	
ERYTHROCIN STEARATE TABS 250MG	3	
<i>erythromycin base</i>	3	
<i>erythromycin ethylsuccinate susr, tabs</i>	3	
<i>erythromycin stearate tabs 250mg</i>	3	
<i>erythromycin gel, oint, pads</i>	1	
<i>erythromycin cpep</i>	3	
<i>erythromycin soln 2%</i>	1	
<i>ilotycin oint</i>	1	
KETEK	3	
PCE	3	
ZMAX	3	
Quinolones		
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin hcl soln, tabs</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	
<i>ciprofloxacin inj, otic soln, susr</i>	1	
<i>gatifloxacin</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin ophthalmic soln, tabs</i>	1	
<i>levofloxacin inj, oral soln</i>	3	
MOXEZA	2	
MOXIFLOXACIN HCL INJ	3	
<i>moxifloxacin hcl ophthalmic soln, tabs</i>	1	
<i>ofloxacin ophthalmic soln, otic soln</i>	1	
<i>ofloxacin tabs 300mg, 400mg</i>	1	
VIGAMOX	2	
Sulfonamides		
<i>sodium sulfacetamide soln</i>	1	
<i>sodium sulfacetamide lotn</i>	3	
<i>sulfacetamide sodium oint, soln</i>	1	
<i>sulfacetamide sodium lotn</i>	3	
<i>sulfadiazine tabs</i>	3	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	1	
<i>sulfamethoxazole/trimethoprim inj</i>	3	
<i>sulfatrim pediatric</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Tetracyclines		
<i>demeclocycline hcl tabs</i>	1	
DORYX MPC	3	
<i>doxy 100</i>	1	
<i>doxycycline hyclate dr tbec 100mg, 150mg, 75mg</i>	1	
<i>doxycycline hyclate dr tbec 200mg, 50mg</i>	3	
<i>doxycycline hyclate caps, inj, tabs</i>	1	
<i>doxycycline monohydrate caps 100mg, 50mg, 75mg</i>	1	
<i>doxycycline monohydrate caps 150mg</i>	3	
<i>doxycycline monohydrate tabs</i>	1	
<i>doxycycline susr 25mg/5ml</i>	1	
<i>minocycline hcl er</i>	1	
<i>minocycline hcl caps, tabs</i>	1	
<i>mondoxyne nl</i>	1	
<i>morgidox 1x100mg caps</i>	1	
<i>morgidox 1x50mg</i>	1	
<i>morgidox 2x100mg caps</i>	1	
<i>tetracycline hcl caps 250mg, 500mg</i>	3	
<i>tetracycline hydrochloride</i>	3	
VIBRAMYCIN SYRP	3	
Anticonvulsants		
Anticonvulsants, Other		
APTIOM	4	
BRIVIACT INJ	3	
BRIVIACT ORAL SOLN, TABS	4	
FYCOMPA SUSP	3	
FYCOMPA TABS 2MG, 8MG	3	
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG	4	
<i>levetiracetam er</i>	1	
<i>levetiracetam oral soln, tabs</i>	1	
LEVETIRACETAM INJ 1000MG/100ML; 750MG/100ML, 1500MG/100ML; 540MG/100ML, 500MG/100ML; 820MG/100ML	3	
<i>levetiracetam inj 500mg/5ml</i>	3	
POTIGA TABS 50MG	3	
POTIGA TABS 200MG, 300MG, 400MG	4	
<i>roweepra</i>	1	
SPRITAM	3	
Calcium Channel Modifying Agents		
CELONTIN CAPS 300MG	3	
<i>ethosuximide</i>	1	
LYRICA SOLN	2	QL (900 ML per 30 days)
LYRICA CAPS 300MG	2	QL (60 EA per 30 days)
LYRICA CAPS 100MG, 150MG, 200MG, 225MG, 25MG, 50MG, 75MG	2	QL (90 EA per 30 days)
<i>zonisamide</i>	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clonazepam odt tbdp 2mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam tabs</i>	1	
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC GEL 2.5MG	3	
<i>diazepam rectal gel</i>	3	
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	3	
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	1	
<i>divalproex sodium csdr</i>	1	
<i>gabapentin caps, soln</i>	1	
<i>gabapentin tabs 600mg, 800mg</i>	1	
GABITRIL TABS 12MG, 16MG	3	
ONFI SUSP	4	
ONFI TABS 10MG, 20MG	4	
<i>phenobarbital sodium inj</i>	1	PA
<i>phenobarbital elix</i>	1	PA
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	PA
<i>primidone tabs</i>	1	
SABRIL	4	PA
<i>tiagabine hydrochloride</i>	3	
<i>valproate sodium inj</i>	3	
<i>valproic acid caps, soln</i>	1	
<i>vigabatrin</i>	4	PA
Glutamate Reducing Agents		
<i>felbamate tabs</i>	3	
<i>felbamate susp</i>	4	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	4	
LAMICTAL STARTER/TAKING VALPROATE	3	
<i>lamotrigine er</i>	3	
<i>lamotrigine odt</i>	3	
<i>lamotrigine starter kit/blue</i>	1	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	1	
<i>lamotrigine titration kit 0</i>	3	
<i>lamotrigine titration kit 0</i>	4	
<i>lamotrigine chew, tabs</i>	1	
<i>topiramate er</i>	3	
<i>topiramate csp, tabs</i>	1	
Sodium Channel Agents		
BANZEL	4	
<i>carbamazepine er</i>	1	
<i>carbamazepine chew, susp, tabs</i>	1	
CARBATROL	3	
DILANTIN INFATABS	3	
DILANTIN-125	3	
DILANTIN CAPS	3	
<i>epitol</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fosphephenytoin sodium</i>	1	
<i>oxcarbazepine tabs</i>	1	
<i>oxcarbazepine susp</i>	3	
PEGANONE TABS 250MG	3	
PHENYTEK	3	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin sodium inj</i>	1	
<i>phenytoin chew, susp</i>	1	
TEGRETOL-XR	3	
TEGRETOL SUSP, TABS	3	
VIMPAT	3	

Antidementia Agents

Antidementia Agents, Other

ERGOLOID MESYLATES TABS	2	PA
NAMZARIC CP24 10MG; 14MG, 10MG; 21MG, 10MG; 28MG, 10MG; 7MG	2	QL (30 EA per 30 days)

Cholinesterase Inhibitors

<i>donepezil hcl tbdp</i>	1	
<i>donepezil hcl tabs 10mg, 5mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	3	
<i>galantamine hydrobromide er</i>	1	
<i>galantamine hydrobromide tabs</i>	1	
<i>galantamine hydrobromide soln</i>	3	
<i>rivastigmine tartrate</i>	1	
<i>rivastigmine transdermal system</i>	3	

N-methyl-D-aspartate (NMDA) Receptor Antagonist

<i>memantine hcl</i>	1	
<i>memantine hcl titration pak</i>	1	
<i>memantine hydrochloride soln</i>	1	
NAMENDA XR	2	QL (30 EA per 30 days)
NAMENDA XR TITRATION PACK	2	QL (56 EA per 365 days)

Antidepressants

Antidepressants, Other

ALENZIN	4	QL (30 EA per 30 days)
<i>bupropion hcl er</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl sr tb12 100mg, 150mg, 200mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl xl tb24 300mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl xl tb24 150mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl tabs</i>	1	
<i>mirtazapine odt</i>	1	
<i>mirtazapine tabs</i>	1	

Monoamine Oxidase Inhibitors

EMSAM	4	QL (30 EA per 30 days)
MARPLAN	3	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	3	

SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)

<i>citalopram hydrobromide</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
DESVENLAFAXINE ER TB24 100MG	3	QL (120 EA per 30 days)
DESVENLAFAXINE ER TB24 50MG	3	QL (30 EA per 30 days)
<i>desvenlafaxine er tb24 100mg</i>	1	QL (120 EA per 30 days)
<i>desvenlafaxine er tb24 25mg, 50mg</i>	1	QL (30 EA per 30 days)
DULOXETINE HCL CPEP 40MG	3	QL (90 EA per 30 days)
<i>duloxetine hcl cpep 20mg, 60mg</i>	1	QL (60 EA per 30 days)
<i>duloxetine hcl cpep 30mg</i>	1	QL (90 EA per 30 days)
<i>escitalopram oxalate</i>	1	
FETZIMA	3	QL (30 EA per 30 days)
FETZIMA TITRATION PACK	3	QL (56 EA per 365 days)
<i>fluoxetine</i>	1	
<i>fluoxetine dr</i>	1	QL (4 EA per 28 days)
<i>fluoxetine hcl caps, soln, tabs</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	3	QL (60 EA per 30 days)
<i>maprotiline hcl</i>	1	
<i>nefazodone hcl</i>	3	
<i>olanzapine/fluoxetine caps 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>	3	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine caps 25mg; 3mg, 25mg; 6mg</i>	3	QL (90 EA per 30 days)
<i>paroxetine hcl</i>	1	PA
<i>paroxetine hcl er</i>	1	PA
PAXIL SUSP	3	PA
PEXEVA TABS 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) PA
PEXEVA TABS 30MG	3	QL (60 EA per 30 days) PA
<i>sertraline hcl conc, tabs</i>	1	
<i>trazodone hcl tabs</i>	1	
TRINTELLIX	3	QL (30 EA per 30 days)
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er</i>	1	
VIIBRYD STARTER PACK	3	QL (60 EA per 365 days)
VIIBRYD TABS	3	QL (30 EA per 30 days)
VIIBRYD KIT	3	QL (60 EA per 365 days)
Tricyclics		
<i>amitriptyline hcl tabs</i>	3	PA
<i>amoxapine</i>	1	PA
<i>chlordiazepoxide/amitriptyline</i>	3	PA
<i>clomipramine hcl caps</i>	3	PA
<i>desipramine hcl tabs</i>	1	PA
<i>doxepin hcl caps, conc</i>	3	PA
<i>imipramine hcl tabs</i>	3	PA
<i>imipramine pamoate</i>	3	PA
<i>nortriptyline hcl caps, soln</i>	1	PA
<i>perphenazine/amitriptyline</i>	3	PA
<i>protriptyline hcl</i>	1	PA
<i>trimipramine maleate caps</i>	3	PA

Antiemetics

Antiemetics, Other

AKYNZEO	3	QL (2 EA per 30 days) B/D
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Drug Name	Drug Tier	Requirements/Limits
<i>compro</i>	1	
<i>droperidol inj</i>	1	
<i>meclizine hcl tabs</i>	1	PA
<i>phenadoz</i>	3	PA
<i>phenergan supp</i>	3	PA
<i>prochlorperazine edisylate inj</i>	3	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp 25mg</i>	1	
<i>promethazine hcl inj, supp, syrp, tabs</i>	3	PA
<i>promethegan</i>	3	PA
<i>scopolamine</i>	1	PA
TRANSDERM-SCOP	3	PA
<i>trimethobenzamide hcl caps 300mg</i>	3	B/D
Emetogenic Therapy Adjuncts		
ALOXI INJ 0.25MG/5ML	3	
ANZEMET INJ	3	
ANZEMET TABS 50MG	3	QL (5 EA per 30 days) B/D
ANZEMET TABS 100MG	4	QL (5 EA per 30 days) B/D
<i>aprepitant caps 40mg</i>	1	QL (1 EA per 30 days) B/D
<i>aprepitant caps 125mg</i>	1	QL (2 EA per 30 days) B/D
<i>aprepitant caps 0</i>	1	QL (6 EA per 30 days) B/D
<i>aprepitant caps 80mg</i>	1	QL (8 EA per 30 days) B/D
<i>dronabinol</i>	3	QL (60 EA per 30 days) PA
EMEND SUSR	3	QL (6 EA per 30 days) B/D
<i>granisetron hcl inj</i>	1	
<i>granisetron hcl tabs</i>	1	QL (30 EA per 30 days) B/D
<i>ondansetron hcl oral soln</i>	1	QL (450 ML per 30 days) B/D
<i>ondansetron hcl inj 40mg/20ml</i>	1	QL (120 ML per 30 days)
<i>ondansetron hcl inj 4mg/2ml</i>	1	QL (240 ML per 30 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	1	B/D
<i>ondansetron hcl tabs 24mg</i>	1	QL (14 EA per 28 days) B/D
<i>ondansetron odt</i>	1	B/D
SANCUSO	4	QL (2 EA per 30 days)
SYNDROS	4	QL (120 ML per 30 days) PA
Antifungals		
Antifungals		
ABELCET	4	B/D
AMBISOME	4	B/D
<i>amphotericin b inj</i>	3	B/D
CANCIDAS	4	
<i>caspofungin acetate</i>	4	
<i>ciclodan crea</i>	1	
<i>ciclodan soln</i>	1	PA
<i>ciclopirox nail lacquer</i>	1	PA
<i>ciclopirox olamine crea</i>	1	
<i>ciclopirox gel, sham, susp</i>	1	
<i>clotrimazole crea, lozg, soln</i>	1	
CRESEMBA	4	
<i>econazole nitrate crea</i>	3	

Drug Name	Drug Tier	Requirements/Limits
ERAXIS INJ 100MG	3	
ERAXIS INJ 50MG	4	
EXELDERM	3	
<i>fluconazole in dextrose inj 56mg/ml; 200mg/100ml</i>	1	
<i>fluconazole in nacl</i>	1	
<i>fluconazole susr, tabs</i>	1	
<i>flucytosine caps</i>	4	
<i>griseofulvin microsize susp</i>	1	
<i>griseofulvin microsize tabs</i>	3	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	3	
GYNAZOLE-1	3	
<i>itraconazole caps</i>	3	PA
JUBLIA	2	
<i>ketoconazole crea, sham, tabs</i>	1	
<i>ketoconazole foam</i>	3	
<i>ketodan</i>	3	
LAMISIL PACK	3	
MENTAX	3	
<i>miconazole 3 supp</i>	1	
MYCAMINE	4	
NAFTIFINE HCL	3	
<i>naftifine hydrochloride</i>	3	
NAFTIN GEL	3	
NATACYN	3	
NOXAFIL	4	
<i>nyamyc</i>	1	
<i>nyata powd</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystatin crea, oint, powd, susp, tabs</i>	1	
<i>nystop</i>	1	
ONMEL	4	PA
<i>oxiconazole nitrate</i>	1	
OXISTAT LOTN	3	
SPORANOX SOLN	4	PA
<i>terbinafine hcl tabs</i>	1	QL (84 EA per 180 days)
<i>terconazole</i>	1	
<i>voriconazole tabs</i>	3	
<i>voriconazole inj, susr</i>	4	
<i>zazole</i>	1	

Antigout Agents

Antigout Agents

<i>allopurinol sodium</i>	3	
<i>allopurinol tabs</i>	1	
COLCHICINE CAPS	2	
COLCHICINE TABS 0.6MG	2	
COLCRYS	2	
KRYSTEXXA	4	PA
<i>probenecid/colchicine</i>	1	
<i>probenecid tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ULORIC	2	
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate inj</i>	4	
<i>dihydroergotamine mesylate nasal soln</i>	4	QL (8 ML per 30 days)
ERGOMAR	2	
<i>ergotamine tartrate/caffeine</i>	1	
MIGERGOT	4	
<i>Serotonin (5-HT) 1b/1d Receptor Agonists</i>		
<i>almotriptan malate</i>	3	QL (12 EA per 30 days)
<i>eletriptan hydrobromide</i>	3	QL (12 EA per 30 days)
<i>frovatriptan succinate</i>	3	QL (12 EA per 30 days)
<i>naratriptan hcl</i>	1	QL (9 EA per 30 days)
<i>rizatriptan benzoate</i>	1	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	1	QL (18 EA per 30 days)
SUMATRIPTAN SUCCINATE REFILL INJ 6MG/0.5ML	3	QL (5 ML per 30 days)
SUMATRIPTAN SUCCINATE REFILL INJ 4MG/0.5ML	3	QL (8 ML per 30 days)
<i>sumatriptan succinate tabs</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	3	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	3	QL (8 ML per 30 days)
SUMATRIPTAN SOLN	3	QL (12 EA per 30 days)
<i>zolmitriptan odt tbdp 2.5mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan odt tbdp 5mg</i>	1	QL (9 EA per 30 days)
<i>zolmitriptan tabs</i>	1	QL (12 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
GUANIDINE HCL	3	
MESTINON SYRP	4	
<i>pyridostigmine bromide er</i>	3	
<i>pyridostigmine bromide tabs</i>	1	
REGONOL INJ 10MG/2ML	3	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tabs</i>	1	
<i>rifabutin</i>	1	
<i>Antituberculars</i>		
CAPASTAT SULFATE	3	
<i>cycloserine</i>	3	
<i>ethambutol hcl tabs</i>	1	
<i>isoniazid tabs</i>	1	
<i>isoniazid inj, syrp</i>	3	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide tabs</i>	1	
<i>rifampin caps</i>	1	
<i>rifampin inj</i>	3	
RIFATER	3	
SIRTURO	4	
TRECATOR	3	

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics		
<i>Alkylating Agents</i>		
BENDEKA	4	
BICNU	4	
<i>busulfan</i>	4	
<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	1	
<i>cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	1	
CYCLOPHOSPHAMIDE CAPS	3	B/D
<i>cyclophosphamide inj</i>	4	
<i>dacarbazine inj 100mg, 200mg</i>	1	
EVOMELA	4	
GLEOSTINE	3	
HEXALEN	4	
IFOSFAMIDE INJ 3GM	3	
<i>ifosfamide inj 1gm/20ml, 1gm, 3gm/60ml</i>	3	
KISQALI FEMARA 200 DOSE	4	QL (91 EA per 28 days) PA
KISQALI FEMARA 400 DOSE	4	QL (91 EA per 28 days) PA
KISQALI FEMARA 600 DOSE	4	QL (91 EA per 28 days) PA
LEUKERAN	4	
<i>lomustine</i>	3	
MATULANE	4	
<i>melphalan hydrochloride</i>	4	
MUSTARGEN	4	
<i>oxaliplatin inj 100mg, 50mg/10ml</i>	1	
<i>oxaliplatin inj 100mg/20ml</i>	3	
<i>oxaliplatin inj 50mg</i>	4	
TEMODAR INJ	3	
TEPADINA INJ 100MG	4	
<i>thiotepa inj 15mg</i>	4	
TREANDA	4	
VALCHLOR	4	PA
YONDELIS	4	
ZANOSAR	4	
<i>Antiandrogens</i>		
<i>bicalutamide</i>	1	
<i>flutamide</i>	1	
<i>nilutamide</i>	4	
XTANDI	4	PA
ZYTIGA	4	PA
<i>Antiangiogenic Agents</i>		
POMALYST	4	PA
REVLIMID	4	PA
THALOMID	4	PA
<i>Antiestrogens/Modifiers</i>		
EMCYT	4	
FARESTON	4	
FASLODEX INJ 250MG/5ML	4	
SOLTAMOX	3	

Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate tabs</i>	1	
Antimetabolites		
<i>adrucil inj 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
ALIMTA	4	
ARRANON	4	
<i>cladribine</i>	4	B/D
<i>clofarabine</i>	4	
<i>cytarabine aqueous</i>	1	B/D
DEPOCYT	4	
DROXIA	3	
<i>floxuridine inj</i>	4	B/D
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
FOLOTYN	4	PA
<i>gemcitabine</i>	3	
<i>gemcitabine hcl</i>	3	
<i>hydroxyurea caps</i>	1	
LONSURF TABS 6.14MG; 15MG	4	QL (100 EA per 28 days) PA
LONSURF TABS 8.19MG; 20MG	4	QL (80 EA per 28 days) PA
<i>mercaptopurine tabs</i>	1	
NIPENT	4	
PURIXAN	4	
TABLOID	3	
VYXEOS	4	PA
Antineoplastics, Other		
ABRAXANE	4	
<i>adriamycin inj 2mg/ml</i>	1	B/D
<i>amifostine</i>	4	
<i>azacitidine</i>	4	
BELEODAQ	4	PA
<i>bleomycin sulfate</i>	1	B/D
COSMEGEN	4	
COTELLIC	4	QL (90 EA per 30 days) PA
<i>daunorubicin hcl inj 5mg/ml</i>	3	
DAUNOXOME	4	
<i>decitabine</i>	4	PA
<i>dexrazoxane</i>	4	
DOCEFREZ INJ 20MG	4	
<i>docetaxel inj 200mg/10ml</i>	3	
<i>docetaxel inj 140mg/7ml, 160mg/16ml, 160mg/8ml, 200mg/20ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	4	
<i>doxorubicin hcl liposome</i>	4	
<i>doxorubicin hcl inj 10mg, 2mg/ml, 50mg</i>	1	B/D
<i>epirubicin hcl inj 200mg/100ml, 50mg/25ml</i>	1	
ERWINAZE	4	
FARYDAK	4	PA
<i>fludarabine phosphate inj 50mg</i>	3	
HALAVEN	4	PA
IBRANCE	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>idarubicin hcl</i>	4	
<i>irinotecan</i>	1	
<i>irinotecan hydrochloride</i>	1	
ISTODAX	4	PA
ISTODAX (OVERFILL)	4	PA
IXEMPRA KIT	4	
JEVTANA	4	PA
KISQALI	4	QL (63 EA per 28 days) PA
<i>leucovorin calcium tabs</i>	1	
<i>leucovorin calcium inj 100mg, 200mg, 350mg, 500mg, 50mg</i>	3	
<i>levoleucovorin calcium</i>	4	
LEVOLEUCOVORIN INJ 175MG	4	
<i>levoleucovorin inj 175mg/17.5ml, 250mg/25ml, 50mg</i>	4	
<i>lipodox</i>	4	
<i>lipodox 50</i>	4	
LYNPARZA	4	PA
<i>mitomycin inj</i>	4	
<i>mitoxantrone hcl inj 2mg/ml</i>	1	PA
NERLYNX	4	QL (180 EA per 30 days) PA
NINLARO	4	PA
ONCASPAR	4	
ONIVYDE	4	
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	1	
PROLEUKIN	4	
RUBRACA	4	QL (120 EA per 30 days) PA
RYDAPT	4	QL (240 EA per 30 days) PA
SYLATRON	4	PA
SYNRIBO	4	PA
THERACYS INJ 81MG/VIAL	4	
TICE BCG	3	
TRIPTODUR	4	QL (1 EA per 168 days) PA
TRISENOX	3	
VALSTAR	4	
VELCADE	4	PA
<i>vinblastine sulfate inj 1mg/ml</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i>	1	
ZALTRAP	4	PA
ZEJULA	4	QL (90 EA per 30 days) PA
ZOLINZA	4	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs</i>	1	
<i>exemestane</i>	3	
<i>letrozole</i>	1	
Enzyme Inhibitors		
ETOPOPHOS	3	
<i>etoposide inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
KYPROLIS	4	PA
<i>toposar inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	
<i>topotecan hcl</i>	4	
ZYDELIG	4	PA
Molecular Target Inhibitors		
AFINITOR	4	QL (30 EA per 30 days) PA
AFINITOR DISPERZ	4	PA
ALECENSA	4	QL (240 EA per 30 days) PA
ALUNBRIG	4	QL (180 EA per 30 days) PA
BOSULIF	4	PA
CABOMETYX	4	PA
CAPRELSA TABS 300MG	4	PA
CAPRELSA TABS 100MG	4	QL (60 EA per 30 days) PA
COMETRIQ	4	PA
ERIVEDGE	4	PA
GILOTRIF	4	QL (30 EA per 30 days) PA
ICLUSIG TABS 45MG	4	PA
ICLUSIG TABS 15MG	4	QL (60 EA per 30 days) PA
IDHIFA	4	QL (30 EA per 30 days) PA
<i>imatinib mesylate</i>	4	PA
IMBRUVICA	4	PA
INLYTA	4	PA
IRESSA	4	PA
JAKAFI	4	QL (60 EA per 30 days) PA
LENVIMA 10 MG DAILY DOSE	4	PA
LENVIMA 14 MG DAILY DOSE	4	PA
LENVIMA 18 MG DAILY DOSE	4	PA
LENVIMA 20 MG DAILY DOSE	4	PA
LENVIMA 24 MG DAILY DOSE	4	PA
LENVIMA 8 MG DAILY DOSE	4	PA
MEKINIST	4	PA
NEXAVAR	4	PA
ODOMZO	4	PA
SPRYCEL	4	PA
STIVARGA	4	PA
SUTENT	4	PA
TAFINLAR	4	PA
TAGRISO	4	QL (30 EA per 30 days) PA
TARCEVA TABS 100MG, 150MG	4	QL (30 EA per 30 days) PA
TARCEVA TABS 25MG	4	QL (90 EA per 30 days) PA
TASIGNA	4	PA
TORISEL	4	
TYKERB	4	PA
VENCLEXTA STARTING PACK	4	PA
VENCLEXTA TABS 10MG, 50MG	3	PA
VENCLEXTA TABS 100MG	4	PA
VOTRIENT	4	PA
XALKORI	4	PA
ZELBORAF	4	PA

Drug Name	Drug Tier	Requirements/Limits
ZYKADIA	4	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
ARZERRA	4	PA
AVASTIN	4	
BAVENCIO	4	PA
BESPOUSA	4	PA
BLINCYTO	4	PA
CYRAMZA	4	PA
DARZALEX	4	PA
EMPLICITI	4	PA
ERBITUX	4	PA
GAZYVA	4	PA
HERCEPTIN	4	PA
IMFINZI	4	PA
KADCYLA	4	PA
KEYTRUDA	4	PA
LARTRUVO	4	PA
MYLOTARG	4	PA
OPDIVO	4	PA
PERJETA	4	PA
PORTRAZZA	4	QL (100 ML per 21 days) PA
RITUXAN	4	PA
RITUXAN HYCELA	4	PA
TECENTRIQ	4	PA
UNITUXIN	4	
VECTIBIX INJ 100MG/5ML, 400MG/20ML	4	
YERVOY	4	PA
ZEVALIN Y-90	4	
Retinoids		
<i>bexarotene</i>	4	PA
PANRETIN	4	
TARGRETIN GEL	4	PA
<i>tretinoin caps 10mg</i>	4	
Treatment Adjuncts		
ELITEK	4	
<i>mesna</i>	1	
MESNEX TABS	4	
Antiparasitics		
Anthelmintics		
ALBENZA	4	
BILTRICIDE	2	
<i>ivermectin tabs</i>	1	
Antiprotozoals		
ALINIA	4	
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	1	
<i>chloroquine phosphate tabs</i>	1	
COARTEM	3	
DARAPRIM	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine sulfate tabs</i>	1	
<i>mefloquine hcl</i>	1	
NEBUPENT	3	B/D
PENTAM 300	3	
<i>primaquine phosphate tabs</i>	1	
<i>quinine sulfate caps 324mg</i>	1	PA
<i>tinidazole tabs</i>	1	
<i>Pediculicides/Scabicides</i>		
EURAX	3	
<i>lindane lotn, sham</i>	3	
<i>malathion</i>	3	
<i>permethrin crea</i>	1	
SKLICE	3	
ULESFIA	3	
Antiparkinson Agents		
<i>Anticholinergics</i>		
<i>benztropine mesylate inj</i>	1	
<i>benztropine mesylate tabs</i>	3	PA
<i>trihexyphenidyl hcl</i>	1	PA
<i>Antiparkinson Agents, Other</i>		
<i>entacapone</i>	1	
<i>tolcapone</i>	4	
<i>Dopamine Agonists</i>		
APOKYN INJ 30MG/3ML	4	QL (90 ML per 30 days) PA
<i>bromocriptine mesylate caps, tabs</i>	3	
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	3	
<i>ropinirole er</i>	1	
<i>ropinirole hcl</i>	1	
<i>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</i>		
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa/levodopa/entacapone</i>	3	
<i>carbidopa tabs</i>	4	
RYTARY	3	
<i>Monoamine Oxidase B (MAO-B) Inhibitors</i>		
<i>rasagiline mesylate tabs</i>	1	
<i>selegiline hcl caps, tabs</i>	1	
ZELAPAR	4	
Antipsychotics		
<i>1st Generation/Typical</i>		
<i>chlorpromazine hcl inj</i>	1	
<i>chlorpromazine hcl tabs</i>	3	
<i>fluphenazine decanoate inj</i>	1	
<i>fluphenazine hcl conc, elix, inj, tabs</i>	1	
<i>haloperidol decanoate inj</i>	1	
<i>haloperidol lactate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol conc, tabs</i>	1	
<i>loxapine succinate caps</i>	1	
<i>molindone hydrochloride</i>	3	
<i>perphenazine tabs</i>	1	
<i>pimozide</i>	3	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	3	PA
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hcl tabs</i>	1	
2nd Generation/Atypical		
ABILIFY MAINTENA	4	
ABILIFY INJ	3	
<i>aripiprazole odt</i>	4	QL (60 EA per 30 days)
<i>aripiprazole soln</i>	3	QL (750 ML per 30 days)
<i>aripiprazole tabs 10mg, 15mg, 20mg, 30mg</i>	3	QL (30 EA per 30 days)
<i>aripiprazole tabs 2mg, 5mg</i>	3	QL (60 EA per 30 days)
ARISTADA	4	
FANAPT TITRATION PACK	3	QL (8 EA per 180 days)
FANAPT TABS 1MG, 2MG, 4MG	3	QL (60 EA per 30 days)
FANAPT TABS 10MG, 12MG, 6MG, 8MG	4	QL (60 EA per 30 days)
GEODON INJ	3	QL (60 EA per 30 days)
INVEGA SUSTENNA INJ 39MG/0.25ML	3	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	4	
INVEGA TRINZA	4	
LATUDA TABS 120MG, 20MG, 40MG, 60MG	4	QL (30 EA per 30 days)
LATUDA TABS 80MG	4	QL (60 EA per 30 days)
NUPLAZID	4	QL (60 EA per 30 days) PA
<i>olanzapine odt</i>	1	QL (30 EA per 30 days)
<i>olanzapine inj</i>	1	
<i>olanzapine tabs</i>	1	QL (30 EA per 30 days)
<i>paliperidone er tb24 1.5mg, 3mg</i>	1	QL (30 EA per 30 days)
<i>paliperidone er tb24 6mg</i>	1	QL (60 EA per 30 days)
<i>paliperidone er tb24 9mg</i>	4	QL (30 EA per 30 days)
<i>quetiapine fumarate er tb24 150mg, 300mg, 50mg</i>	3	QL (60 EA per 30 days)
<i>quetiapine fumarate er tb24 200mg</i>	3	QL (90 EA per 30 days)
<i>quetiapine fumarate er tb24 400mg</i>	4	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 300mg, 400mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 100mg, 200mg, 25mg, 50mg</i>	1	QL (90 EA per 30 days)
REXULTI	4	QL (30 EA per 30 days)
RISPERDAL CONSTA INJ 12.5MG, 25MG	3	
RISPERDAL CONSTA INJ 37.5MG, 50MG	4	
<i>risperidone odt</i>	1	QL (60 EA per 30 days)
<i>risperidone soln</i>	1	QL (240 ML per 30 days)
<i>risperidone tabs</i>	1	QL (60 EA per 30 days)
SAPHRIS SUBL 2.5MG, 5MG	3	QL (60 EA per 30 days)
SAPHRIS SUBL 10MG	4	QL (60 EA per 30 days)
VRAYLAR CPPK	3	QL (14 EA per 365 days)
VRAYLAR CAPS	4	QL (30 EA per 30 days)
<i>ziprasidone hcl</i>	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INJ 210MG	3	
ZYPREXA RELPREVV INJ 300MG, 405MG	4	
Treatment-Resistant		
<i>clozapine odt tbdp 150mg</i>	3	QL (180 EA per 30 days)
<i>clozapine odt tbdp 100mg, 25mg</i>	3	QL (270 EA per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	3	QL (90 EA per 30 days)
<i>clozapine odt tbdp 200mg</i>	4	QL (120 EA per 30 days)
<i>clozapine tabs 200mg</i>	1	QL (120 EA per 30 days)
<i>clozapine tabs 50mg</i>	1	QL (180 EA per 30 days)
<i>clozapine tabs 100mg, 25mg</i>	1	QL (270 EA per 30 days)
VERSACLOZ	4	QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs</i>	1	
BOTOX	3	PA
<i>dantrolene sodium caps</i>	1	
GABLOFEN INJ 10000MCG/20ML, 20000MCG/20ML, 50MCG/ML	3	B/D
GABLOFEN INJ 40000MCG/20ML	4	B/D
LIORESAL INTRATHECAL INJ 0.05MG/ML, 10MG/20ML	3	B/D
LIORESAL INTRATHECAL INJ 10MG/5ML, 40MG/20ML	4	B/D
<i>tizanidine hcl caps, tabs</i>	1	
XEOMIN	3	PA
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	4	
<i>ganciclovir inj 500mg</i>	1	B/D
<i>valganciclovir</i>	4	
<i>valganciclovir hydrochloride</i>	4	
ZIRGAN	3	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	4	
BARACLUDE SOLN	3	QL (600 ML per 30 days)
<i>entecavir tabs 0.5mg</i>	1	QL (30 EA per 30 days)
<i>entecavir tabs 1mg</i>	4	QL (30 EA per 30 days)
EPIVIR HBV SOLN	3	
INTRON A	4	PA
INTRON A W/DILUENT INJ 10MU	4	PA
<i>lamivudine tabs 100mg</i>	1	
TYZEKA	4	
VEMLIDY	4	
Anti-hepatitis C (HCV) Agents, Direct Acting Agents		
DAKLINZA	4	QL (168 EA per 365 days) PA
EPCLUSA	4	QL (84 EA per 365 days) PA
HARVONI	4	QL (168 EA per 365 days) PA
MAVYRET	4	QL (336 EA per 365 days) PA
OLYSIO	4	QL (168 EA per 365 days) PA
SOVALDI	4	QL (336 EA per 365 days) PA
TECHNIVIE	4	QL (168 EA per 365 days) PA

Drug Name	Drug Tier	Requirements/Limits
VIEKIRA PAK	4	QL (672 EA per 365 days) PA
VIEKIRA XR	4	QL (504 EA per 365 days) PA
VOSEVI	4	QL (84 EA per 365 days) PA
ZEPATIER	4	QL (112 EA per 365 days) PA
Anti-hepatitis C (HCV) Agents, Other		
MODERIBA 1200 DOSE PACK	4	
MODERIBA 800 DOSE PACK	3	
<i>moderiba tabs</i>	3	
MODERIBA TBPK 0	3	
MODERIBA TBPK 0	4	
PEG-INTRON REDIPEN	4	PA
PEG-INTRON REDIPEN PAK 4 INJ 120MCG/0.5ML	4	PA
PEG-INTRON INJ 120MCG/0.5ML, 150MCG/0.5ML, 80MCG/0.5ML	4	PA
PEGASYS	4	PA
PEGASYS PROCLICK	4	PA
PEGINTRON	4	PA
REBETOL SOLN	3	
RIBASPHERE RIBAPAK TABS 400MG	3	
<i>ribasphere ribapak tabs 600mg</i>	4	
RIBASPHERE RIBAPAK TBPK 0	3	
<i>ribasphere ribapak tbpk 0</i>	4	
<i>ribasphere caps</i>	1	
RIBASPHERE TABS 400MG	3	
<i>ribasphere tabs 200mg</i>	3	
<i>ribasphere tabs 600mg</i>	4	
RIBATAB TBPK	3	
<i>ribatab tabs 400mg</i>	3	
<i>ribavirin caps 200mg</i>	1	
<i>ribavirin tabs 200mg</i>	3	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
GENVOYA	4	QL (30 EA per 30 days)
ISENTRESS PACK	3	
ISENTRESS TABS	4	
ISENTRESS CHEW 25MG	2	
ISENTRESS CHEW 100MG	4	
STRIBILD	4	QL (30 EA per 30 days)
TIVICAY TABS 10MG	3	
TIVICAY TABS 25MG, 50MG	4	
TRIUMEQ	4	QL (30 EA per 30 days)
VITEKTA	4	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
ATRIPLA	4	QL (30 EA per 30 days)
COMPLERA	4	QL (30 EA per 30 days)
EDURANT	4	
INTELENCE TABS 25MG	3	
INTELENCE TABS 100MG, 200MG	4	
<i>nevirapine er</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine tabs</i>	1	
<i>nevirapine susp</i>	3	
ODEFSEY	4	QL (30 EA per 30 days)
RESCRIPTOR	3	
SUSTIVA TABS	4	
SUSTIVA CAPS 50MG	3	
SUSTIVA CAPS 200MG	4	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine/zidovudine</i>	4	QL (60 EA per 30 days)
<i>abacavir/lamivudine</i>	4	QL (30 EA per 30 days)
<i>abacavir soln</i>	1	
<i>abacavir tabs</i>	3	
DESCOVY	4	QL (30 EA per 30 days)
<i>didanosine</i>	1	
EMTRIVA	3	
<i>lamivudine/zidovudine</i>	3	QL (60 EA per 30 days)
<i>lamivudine soln 10mg/ml</i>	1	
<i>lamivudine tabs 150mg, 300mg</i>	3	
RETROVIR IV INFUSION	3	
<i>stavudine</i>	1	
TRUVADA	4	QL (30 EA per 30 days)
VIDEX PEDIATRIC	3	
VIREAD	4	
ZERIT SOLR	3	
ZIAGEN SOLN	3	
<i>zidovudine</i>	1	
Anti-HIV Agents, Other		
FUZEON	4	QL (60 EA per 30 days)
ISENTRESS HD	4	
SELZENTRY SOLN	4	
SELZENTRY TABS 25MG, 75MG	3	
SELZENTRY TABS 150MG, 300MG	4	
TYBOST	2	
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	4	
CRIXIVAN CAPS 200MG, 400MG	2	
EVOTAZ	4	QL (30 EA per 30 days)
<i>fosamprenavir calcium</i>	4	
INVIRASE	4	
KALETRA TABS 100MG; 25MG	3	
KALETRA TABS 200MG; 50MG	4	
LEXIVA SUSP	3	
LEXIVA TABS	4	
<i>lopinavir/ritonavir</i>	1	
NORVIR	3	
PREZCOBIX	4	QL (30 EA per 30 days)
PREZISTA SUSP	4	
PREZISTA TABS 150MG, 75MG	3	

Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABS 600MG, 800MG	4	
REYATAZ	4	
VIRACEPT	4	
Anti-influenza Agents		
<i>amantadine hcl caps, syrp, tabs</i>	1	
<i>oseltamivir phosphate caps 75mg</i>	1	QL (110 EA per 365 days)
<i>oseltamivir phosphate caps 30mg</i>	1	QL (112 EA per 365 days)
<i>oseltamivir phosphate caps 45mg</i>	1	QL (60 EA per 365 days)
RELENZA DISKHALER	3	QL (240 EA per 365 days)
<i>rimantadine hcl</i>	1	
TAMIFLU SUSR 6MG/ML	3	QL (720 ML per 365 days)
Antitherpetic Agents		
<i>acyclovir sodium inj 1000mg, 500mg, 50mg/ml</i>	3	B/D
<i>acyclovir caps, tabs</i>	1	
<i>acyclovir oint, susp</i>	3	
DENAVIR	4	
<i>famciclovir tabs</i>	1	
<i>trifluridine</i>	1	
<i>valacyclovir hcl</i>	1	QL (120 EA per 30 days)
ZOVIRAX CREA	4	
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs</i>	1	
<i>hydroxyzine pamoate caps</i>	3	PA
Benzodiazepines		
<i>alprazolam er tb24 2mg</i>	1	QL (150 EA per 30 days) PA
<i>alprazolam er tb24 0.5mg, 1mg</i>	1	QL (30 EA per 30 days) PA
<i>alprazolam er tb24 3mg</i>	1	QL (90 EA per 30 days) PA
<i>alprazolam intensol</i>	1	PA
<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) PA
<i>alprazolam odt tbdp 2mg</i>	1	QL (150 EA per 30 days) PA
<i>alprazolam xr tb24 2mg</i>	1	QL (150 EA per 30 days) PA
<i>alprazolam xr tb24 0.5mg, 1mg</i>	1	QL (30 EA per 30 days) PA
<i>alprazolam xr tb24 3mg</i>	1	QL (90 EA per 30 days) PA
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) PA
<i>alprazolam tabs 2mg</i>	1	QL (150 EA per 30 days) PA
<i>chlordiazepoxide hcl caps 5mg</i>	1	QL (120 EA per 30 days) PA
<i>chlordiazepoxide hcl caps 25mg</i>	1	QL (360 EA per 30 days) PA
<i>chlordiazepoxide hcl caps 10mg</i>	1	QL (900 EA per 30 days) PA
<i>clorazepate dipotassium tabs 15mg</i>	1	QL (180 EA per 30 days)
<i>clorazepate dipotassium tabs 7.5mg</i>	1	QL (360 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	1	QL (720 EA per 30 days)
<i>diazepam intensol</i>	1	
<i>diazepam inj 5mg/ml</i>	1	
<i>diazepam oral soln 1mg/ml</i>	1	
<i>diazepam tabs 10mg, 2mg, 5mg</i>	1	
<i>estazolam</i>	1	QL (30 EA per 30 days) PA
<i>lorazepam intensol</i>	1	PA
<i>lorazepam inj 2mg/ml, 4mg/ml</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam tabs 2mg</i>	1	QL (150 EA per 30 days) PA
<i>lorazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) PA
<i>midazolam hcl syrpf</i>	1	
<i>midazolam hcl inj 10mg/10ml, 10mg/2ml, 25mg/5ml, 2mg/2ml, 150mg/10ml, 5mg/5ml, 5mg/ml</i>	1	
<i>oxazepam</i>	1	QL (120 EA per 30 days) PA
<i>temazepam</i>	1	QL (30 EA per 30 days) PA
Bipolar Agents		
Mood Stabilizers		
EQUETRO	3	
<i>lithium</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate caps, tabs</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose</i>	1	
BYDUREON	2	QL (4 EA per 28 days)
BYDUREON PEN	2	QL (4 EA per 28 days)
CYCLOSET	3	
<i>glimepiride tabs 2mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride tabs 1mg</i>	1	QL (240 EA per 30 days)
<i>glimepiride tabs 4mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er tb24 5mg</i>	1	QL (120 EA per 30 days)
<i>glipizide er tb24 2.5mg</i>	1	QL (240 EA per 30 days)
<i>glipizide er tb24 10mg</i>	1	QL (60 EA per 30 days)
<i>glipizide xl tb24 5mg</i>	1	QL (120 EA per 30 days)
<i>glipizide xl tb24 2.5mg</i>	1	QL (240 EA per 30 days)
<i>glipizide xl tb24 10mg</i>	1	QL (60 EA per 30 days)
<i>glipizide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days)
<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	1	QL (240 EA per 30 days)
<i>glipizide tabs 10mg</i>	1	QL (120 EA per 30 days)
<i>glipizide tabs 5mg</i>	1	QL (240 EA per 30 days)
<i>glyburide micronized tabs 3mg</i>	1	QL (120 EA per 30 days) PA
<i>glyburide micronized tabs 1.5mg</i>	1	QL (240 EA per 30 days) PA
<i>glyburide micronized tabs 6mg</i>	1	QL (60 EA per 30 days) PA
<i>glyburide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days) PA
<i>glyburide/metformin hcl tabs 1.25mg; 250mg</i>	1	QL (240 EA per 30 days) PA
<i>glyburide tabs 5mg</i>	1	QL (120 EA per 30 days) PA
<i>glyburide tabs 2.5mg</i>	1	QL (240 EA per 30 days) PA
<i>glyburide tabs 1.25mg</i>	1	QL (480 EA per 30 days) PA
INVOKAMET XR	2	QL (60 EA per 30 days)
INVOKAMET TABS 50MG; 500MG	2	QL (120 EA per 30 days)
INVOKAMET TABS 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	2	QL (60 EA per 30 days)
INVOKANA TABS 300MG	2	QL (30 EA per 30 days)
INVOKANA TABS 100MG	2	QL (90 EA per 30 days)
JANUMET	2	QL (60 EA per 30 days)
JANUMET XR TB24 1000MG; 100MG	2	QL (30 EA per 30 days)
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
JANUVIA	2	
JARDIANCE TABS 25MG	2	QL (30 EA per 30 days)
JARDIANCE TABS 10MG	2	QL (60 EA per 30 days)
JENTADUETO	2	QL (60 EA per 30 days)
JENTADUETO XR TB24 5MG; 1000MG	2	QL (30 EA per 30 days)
JENTADUETO XR TB24 2.5MG; 1000MG	2	QL (60 EA per 30 days)
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	3	QL (30 EA per 30 days)
KOMBIGLYZE XR TB24 1000MG; 2.5MG	3	QL (60 EA per 30 days)
<i>metformin hcl er tb24 500mg</i>	1	QL (120 EA per 30 days)
<i>metformin hcl er tb24 750mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl tabs 500mg</i>	1	QL (150 EA per 30 days)
<i>metformin hcl tabs 1000mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl tabs 850mg</i>	1	QL (90 EA per 30 days)
<i>miglitol</i>	3	
<i>nateglinide</i>	1	
ONGLYZA	3	
<i>pioglitazone hcl-glimepiride</i>	1	QL (45 EA per 30 days)
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days)
<i>pioglitazone hcl tabs 45mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl tabs 30mg</i>	1	QL (45 EA per 30 days)
<i>pioglitazone hcl tabs 15mg</i>	1	QL (60 EA per 30 days)
<i>repaglinide</i>	1	
<i>repaglinide/metformin hydrochloride</i>	1	QL (150 EA per 30 days)
RIOMET	3	QL (765 ML per 30 days)
SYMLINPEN 120	4	PA
SYMLINPEN 60	4	PA
SYNJARDY XR TB24 10MG; 1000MG, 25MG; 1000MG	2	QL (30 EA per 30 days)
SYNJARDY XR TB24 12.5MG; 1000MG, 5MG; 1000MG	2	QL (60 EA per 30 days)
SYNJARDY TABS 12.5MG; 500MG, 5MG; 500MG	2	QL (120 EA per 30 days)
SYNJARDY TABS 12.5MG; 1000MG, 5MG; 1000MG	2	QL (60 EA per 30 days)
<i>tolazamide tabs 500mg</i>	1	QL (120 EA per 30 days)
<i>tolazamide tabs 250mg</i>	1	QL (240 EA per 30 days)
<i>tolbutamide</i>	1	QL (180 EA per 30 days)
TRADJENTA	2	
TRULICITY	2	QL (2 ML per 28 days)
VICTOZA	2	QL (9 ML per 30 days)
Glycemic Agents		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	4	
Insulins		
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	

Drug Name	Drug Tier	Requirements/Limits
HUMULIN 70/30 KWIKPEN	2	
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	4	
HUMULIN R U-500 KWIKPEN	4	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXTOUCH	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 RELION	2	
NOVOLIN N	2	
NOVOLIN N RELION	2	
NOVOLIN R	2	
NOVOLIN R RELION	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
NOVOLOG PENFILL	2	
TOUJEO SOLOSTAR	2	

Blood Products/Modifiers/Volume Expanders

Anticoagulants

<i>argatroban</i>	4	
COUMADIN TABS	3	
ELIQUIS TABS 2.5MG	2	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	2	QL (90 EA per 30 days)
<i>enoxaparin sodium inj 30mg/0.3ml</i>	3	QL (10.5 ML per 90 days)
<i>enoxaparin sodium inj 300mg/3ml</i>	3	QL (105 ML per 90 days)
<i>enoxaparin sodium inj 40mg/0.4ml</i>	3	QL (14 ML per 90 days)
<i>enoxaparin sodium inj 60mg/0.6ml</i>	3	QL (21 ML per 90 days)
<i>enoxaparin sodium inj 120mg/0.8ml, 80mg/0.8ml</i>	3	QL (28 ML per 90 days)
<i>enoxaparin sodium inj 100mg/ml, 150mg/ml</i>	3	QL (35 ML per 90 days)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	3	QL (17.5 ML per 90 days)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	4	QL (14 ML per 90 days)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	4	QL (21 ML per 90 days)
<i>fondaparinux sodium inj 10mg/0.8ml</i>	4	QL (28 ML per 90 days)
FRAGMIN INJ 2500UNIT/0.2ML, 5000UNIT/0.2ML	3	QL (7 ML per 90 days)
FRAGMIN INJ 7500UNIT/0.3ML	4	QL (10.5 ML per 90 days)
FRAGMIN INJ 12500UNIT/0.5ML	4	QL (17.5 ML per 90 days)
FRAGMIN INJ 15000UNIT/0.6ML	4	QL (21 ML per 90 days)
FRAGMIN INJ 95000UNIT/3.8ML	4	QL (22.8 ML per 90 days)
FRAGMIN INJ 18000UNT/0.72ML	4	QL (25.3 ML per 90 days)
FRAGMIN INJ 10000UNIT/ML	4	QL (35 ML per 90 days)
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	1	
<i>heparin sodium/nacl 0.45%</i>	1	
<i>heparin sodium/nacl 0.9% inj 2unit/ml; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 2000unit/ml, 2500unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	1	
<i>jantoven</i>	1	
PRADAXA	3	QL (60 EA per 30 days)
SAVAYSA	3	QL (30 EA per 30 days)
<i>warfarin sodium tabs</i>	1	
XARELTO STARTER PACK	2	QL (102 EA per 365 days)
XARELTO TABS 10MG, 20MG	2	QL (30 EA per 30 days)
XARELTO TABS 15MG	2	QL (60 EA per 30 days)
Blood Formation Modifiers		
<i>anagrelide hydrochloride</i>	1	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML	3	PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML, 60MCG/ML	4	PA
GRANIX	4	
LEUKINE INJ 250MCG	4	PA
MOZOBIL	4	QL (38.4 ML per 365 days) PA
NEULASTA	4	PA
NEULASTA ONPRO KIT	4	PA
NEUPOGEN	4	
NPLATE	4	PA
PROCRT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRT INJ 20000UNIT/ML, 40000UNIT/ML	4	PA
PROMACTA	4	PA
ZARXIO	4	
Blood Products/Modifiers/Volume Expanders		
SOLIRIS	4	PA
Hemostasis Agents		
<i>aminocaproic acid</i>	3	
<i>tranexamic acid inj</i>	1	
<i>tranexamic acid tabs</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	1	
BRILINTA	2	
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dipyridamole tabs</i>	3	PA
<i>prasugrel</i>	3	
<i>ticlopidine hcl</i>	3	PA
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl ptwk 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	1	
<i>clonidine hcl tabs 0.1mg, 0.2mg, 0.3mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CLORPRES	3	
guanfacine hcl	3	PA
methyldopa/hydrochlorothiazide	3	PA
methyldopa tabs 250mg, 500mg	3	PA
methyldopate hcl	3	
midodrine hcl	1	
phenylephrine hcl	1	
Alpha-adrenergic Blocking Agents		
phenoxybenzamine hydrochloride	4	
prazosin hcl caps	1	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	1	
candesartan cilexetil/hydrochlorothiazide	1	
EDARBI	3	
EDARBYCLOR	3	
eprosartan mesylate	1	
irbesartan	1	
irbesartan/hydrochlorothiazide	1	
losartan potassium	1	
losartan potassium/hydrochlorothiazide	1	
olmesartan medoxomil/hydrochlorothiazide	1	
olmesartan medoxomil tabs	1	
telmisartan	1	
telmisartan/hydrochlorothiazide	1	
valsartan	1	
valsartan/hydrochlorothiazide	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl/hydrochlorothiazide	1	
benazepril hcl tabs	1	
captopril/hydrochlorothiazide	1	
captopril tabs	1	
enalapril maleate/hydrochlorothiazide	1	
enalapril maleate tabs	1	
enalaprilat	1	
EPANED SOLR	3	
EPANED SOLN	4	
fosinopril sodium	1	
fosinopril sodium/hydrochlorothiazide	1	
lisinopril/hydrochlorothiazide	1	
lisinopril tabs	1	
moexipril hcl	1	
moexipril/hydrochlorothiazide	1	
perindopril erbumine	1	
quinapril hcl	1	
quinapril/hydrochlorothiazide	1	
ramipril	1	
trandolapril	1	
trandolapril/verapamil hcl er	1	
Antiarrhythmics		

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hcl tabs</i>	1	
<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	1	
<i>disopyramide phosphate caps</i>	3	PA
<i>dofetilide</i>	3	
<i>flecainide acetate</i>	1	
<i>ibutilide fumarate</i>	3	
<i>lidocaine hcl in d5w inj 5%; 4mg/ml, 5%; 8mg/ml</i>	1	
<i>lidocaine hcl/dextrose inj 5%; 4mg/ml, 5%; 8mg/ml</i>	1	
<i>lidocaine hcl inj 10mg/ml, 20mg/ml</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NORPACE CR	3	PA
<i>pacerone tabs 200mg</i>	1	
<i>procainamide hcl inj</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	3	
<i>quinidine gluconate cr</i>	3	
<i>quinidine gluconate er</i>	3	
<i>quinidine gluconate inj</i>	1	
<i>quinidine sulfate er</i>	1	
<i>quinidine sulfate tabs</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af)</i>	1	
<i>sotalol hydrochloride</i>	4	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl caps</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
BREVIBLOC INJ 2000MG/100ML; 4.1MG/ML, 2500MG/250ML; 5.9MG/ML	3	
BYSTOLIC	2	
<i>carvedilol</i>	1	
DUTOPROL	3	
<i>esmolol hcl inj 100mg/10ml</i>	3	
INNOPRAN XL	3	
<i>labetalol hcl inj, tabs</i>	1	
<i>metoprolol succinate er</i>	1	
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24 12.5MG; 25MG	3	
<i>metoprolol tartrate inj</i>	1	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>nadolol/bendroflumethiazide</i>	1	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1	
<i>pindolol tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl er</i>	1	
<i>propranolol hcl inj, oral soln, tabs</i>	1	
<i>propranolol/hydrochlorothiazide</i>	1	
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	
Calcium Channel Blocking Agents		
<i>afeditab cr</i>	1	
<i>amlodipine besylate/atorvastatin calcium</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine besylate tabs</i>	1	
<i>amlodipine/valsartan/hctz</i>	1	
CARDIZEM LA TB24 120MG	3	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem cd</i>	1	
<i>diltiazem hcl cd</i>	1	
<i>diltiazem hcl er</i>	1	
<i>diltiazem hcl tabs</i>	1	
<i>diltiazem hcl inj 100mg, 125mg/25ml, 25mg/5ml, 50mg/10ml</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	3	
<i>matzim la</i>	1	
<i>nicardipine hcl caps, inj</i>	3	
<i>nifedical xl</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine caps</i>	3	PA
<i>nimodipine caps</i>	4	
<i>nisoldipine er</i>	3	
NYMALIZE SOLN 60MG/20ML	4	
<i>taztia xt</i>	1	
<i>telmisartan/amlodipine</i>	1	
<i>verapamil hcl cr</i>	1	
<i>verapamil hcl er</i>	1	
<i>verapamil hcl sr cp24</i>	1	
<i>verapamil hcl sr tbc 240mg</i>	1	
<i>verapamil hcl inj, tabs</i>	1	
Cardiovascular Agents, Other		
ADRENALIN INJ	3	
CORLANOR	3	QL (60 EA per 30 days) PA
DEMSER	4	
<i>digitek tabs 0.125mg</i>	1	QL (30 EA per 30 days)
<i>digitek tabs 0.25mg</i>	3	PA
<i>digoxin oral soln</i>	1	PA
<i>digoxin inj 0.25mg/ml</i>	3	PA
<i>digoxin tabs 125mcg</i>	1	QL (30 EA per 30 days)
<i>digoxin tabs 250mcg</i>	3	PA
<i>digox tabs 125mcg</i>	1	QL (30 EA per 30 days)
<i>digox tabs 250mcg</i>	3	PA
<i>dobutamine hcl/d5w inj 5%; 1mg/ml</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>dobutamine hcl inj 250mg/20ml, 500mg/40ml</i>	1	B/D
<i>dobutamine hydrochloride/dextrose</i>	1	B/D
<i>dobutamine/dextrose 5% inj 5%; 2mg/ml, 5%; 4mg/ml</i>	1	B/D
<i>dopamine hcl</i>	1	B/D
<i>dopamine hydrochloride/dextrose</i>	1	B/D
<i>dopamine/d5w inj 5%; 0.8mg/ml, 5%; 1.6mg/ml, 5%; 3.2mg/ml</i>	1	B/D
ENTRESTO	3	QL (60 EA per 30 days) PA
LANOXIN TABS 250MCG	3	PA
LANOXIN TABS 125MCG	3	QL (30 EA per 30 days)
LANOXIN TABS 187.5MCG	3	QL (30 EA per 30 days) PA
LANOXIN TABS 62.5MCG	3	QL (60 EA per 30 days)
<i>mannitol</i>	1	
<i>milrinone in dextrose inj 5%; 20mg/100ml, 5%; 40mg/200ml</i>	3	B/D
<i>milrinone lactate inj 10mg/10ml, 50mg/50ml</i>	3	B/D
<i>milrinone lactate inj 20mg/20ml</i>	4	B/D
<i>norepinephrine bitartrate</i>	1	
NORTHERA	4	PA
<i>osmitrol viaflex</i>	1	
<i>pentoxifylline cr</i>	3	
<i>pentoxifylline er</i>	3	
PRALUENT	4	QL (2 ML per 28 days) PA
RANEXA	2	
REPATHA	4	QL (3 ML per 28 days) PA
REPATHA PUSHTRONEX SYSTEM	4	QL (3.5 ML per 28 days) PA
REPATHA SURECLICK	4	QL (3 ML per 28 days) PA
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>acetazolamide sodium</i>	4	
Diuretics, Loop		
<i>bumetanide inj, tabs</i>	1	
<i>ethacrynic acid tabs</i>	4	
<i>furosemide inj, oral soln, tabs</i>	1	
<i>toremide</i>	1	
Diuretics, Potassium-sparing		
ALDACTAZIDE TABS 50MG; 50MG	3	
<i>amiloride hcl tabs</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
DYRENIUM	3	
<i>eplerenone</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
<i>spironolactone tabs</i>	1	
<i>triamterene/hydrochlorothiazide</i>	1	
Diuretics, Thiazide		
<i>chlorothiazide</i>	1	
<i>chlorothiazide sodium</i>	3	
<i>chlorthalidone tabs 25mg, 50mg</i>	1	
DIURIL SUSP	3	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide tabs</i>	1	
<i>methyclothiazide tabs</i>	1	
<i>metolazone</i>	1	
Dyslipidemics, Fibrin Acid Derivatives		
<i>fenofibrate micronized</i>	1	
<i>fenofibrate caps 130mg, 150mg, 43mg, 50mg</i>	1	
<i>fenofibrate tabs</i>	1	
<i>fenofibric acid</i>	1	
<i>fenofibric acid dr</i>	1	
<i>gemfibrozil tabs</i>	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin</i>	1	
<i>fluvastatin sodium er</i>	1	
LIVALO	2	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin tabs 10mg, 20mg, 40mg, 5mg</i>	1	
<i>simvastatin tabs 80mg</i>	1	PA
Dyslipidemics, Other		
<i>cholestyramine light</i>	1	
<i>cholestyramine pack, powd</i>	1	
<i>colestipol hcl</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe/simvastatin tabs 10mg; 10mg, 10mg; 20mg, 10mg; 40mg</i>	1	
<i>ezetimibe/simvastatin tabs 10mg; 80mg</i>	1	PA
JUXTAPID	4	QL (30 EA per 30 days) PA
KYNAMRO	4	QL (4 ML per 28 days) PA
<i>niacin er</i>	1	
<i>niacor</i>	1	
<i>omega-3-acid ethyl esters</i>	3	
<i>prevalite</i>	1	
<i>triklo</i>	3	
VASCEPA	3	
WELCHOL	2	
Vasodilators, Direct-acting Arterial/Venous		
BIDIL	2	
DILATRATE SR	3	
ISORDIL TITRADOSE TABS 40MG	4	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	1	
NITRO-BID	3	
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	3	

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin in 5% dextrose</i>	1	
<i>nitroglycerin in dextrose 5%</i>	1	
<i>nitroglycerin lingual</i>	3	
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin inj 5mg/ml</i>	1	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	1	
NITROMIST	3	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tabs</i>	1	
<i>hydralazine hcl inj</i>	3	
<i>minoxidil tabs</i>	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine cp24</i>	1	QL (30 EA per 30 days) PA
<i>amphetamine/dextroamphetamine tabs</i>	1	QL (90 EA per 30 days)
DEXEDRINE TABS 5MG	3	QL (90 EA per 30 days) PA
<i>dexedrine tabs 10mg</i>	3	QL (180 EA per 30 days) PA
<i>dextroamphetamine sulfate er cp24 15mg</i>	1	QL (120 EA per 30 days) PA
<i>dextroamphetamine sulfate er cp24 10mg</i>	1	QL (180 EA per 30 days) PA
<i>dextroamphetamine sulfate er cp24 5mg</i>	1	QL (60 EA per 30 days) PA
<i>dextroamphetamine sulfate soln</i>	3	QL (1800 ML per 30 days) PA
<i>dextroamphetamine sulfate tabs 10mg</i>	1	QL (180 EA per 30 days) PA
<i>dextroamphetamine sulfate tabs 5mg</i>	1	QL (90 EA per 30 days) PA
ZENZEDI TABS 10MG	3	QL (180 EA per 30 days) PA
ZENZEDI TABS 30MG	3	QL (60 EA per 30 days) PA
ZENZEDI TABS 15MG, 2.5MG, 20MG, 5MG	3	QL (90 EA per 30 days) PA
ZENZEDI TABS 7.5MG	4	QL (90 EA per 30 days) PA
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine caps 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	1	QL (30 EA per 30 days)
<i>atomoxetine caps 10mg</i>	1	QL (60 EA per 30 days)
<i>clonidine hcl er</i>	3	
<i>dexmethylphenidate hcl</i>	1	QL (60 EA per 30 days) PA
<i>dexmethylphenidate hcl er</i>	3	QL (30 EA per 30 days) PA
<i>guanfacine er</i>	3	
<i>metadate er tbc 20mg</i>	3	QL (90 EA per 30 days) PA
<i>methylphenidate hcl cd</i>	3	QL (30 EA per 30 days) PA
<i>methylphenidate hcl er (la)</i>	1	QL (30 EA per 30 days) PA
<i>methylphenidate hcl er cpcr 20mg, 30mg, 40mg</i>	3	QL (30 EA per 30 days) PA
<i>methylphenidate hcl er cp24</i>	3	QL (30 EA per 30 days) PA
<i>methylphenidate hcl er tb24 18mg, 27mg, 54mg</i>	3	QL (30 EA per 30 days) PA
<i>methylphenidate hcl er tb24 36mg</i>	3	QL (60 EA per 30 days) PA
<i>methylphenidate hcl er tbc 10mg</i>	3	QL (180 EA per 30 days) PA
<i>methylphenidate hcl er tbc 18mg, 27mg, 54mg</i>	3	QL (30 EA per 30 days) PA
<i>methylphenidate hcl er tbc 36mg</i>	3	QL (60 EA per 30 days) PA
<i>methylphenidate hcl er tbc 20mg</i>	3	QL (90 EA per 30 days) PA
<i>methylphenidate hcl sr</i>	3	QL (90 EA per 30 days) PA
<i>methylphenidate hcl chew 10mg</i>	1	QL (180 EA per 30 days) PA
<i>methylphenidate hcl chew 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tabs</i>	1	QL (90 EA per 30 days) PA
<i>methylphenidate hydrochloride</i>	3	PA
RITALIN LA CP24 10MG	3	QL (180 EA per 30 days) PA
Central Nervous System, Other		
AUSTEDO	4	QL (120 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine caps 300mg; 50mg; 40mg</i>	3	PA
<i>butalbital/acetaminophen/caffeine caps 325mg; 50mg; 40mg</i>	3	QL (360 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine tabs</i>	3	PA
<i>butalbital/acetaminophen tabs 300mg; 50mg</i>	3	PA
<i>butalbital/acetaminophen tabs 325mg; 50mg</i>	3	QL (360 EA per 30 days) PA
<i>butalbital/aspirin/caffeine caps</i>	3	PA
<i>caffeine citrate</i>	3	
<i>capacet</i>	3	QL (360 EA per 30 days) PA
<i>cephadyn</i>	3	PA
<i>clonidine hcl inj 100mcg/ml, 500mcg/ml</i>	3	B/D
GRALISE STARTER	3	QL (156 EA per 365 days)
GRALISE TABS 300MG	3	QL (180 EA per 30 days)
GRALISE TABS 600MG	3	QL (90 EA per 30 days)
INGREZZA CAPS 40MG	4	QL (60 EA per 30 days) PA
<i>margesic</i>	3	QL (360 EA per 30 days) PA
<i>marten-tab</i>	3	QL (360 EA per 30 days) PA
NAMZARIC C4PK 10MG; 0	2	QL (56 EA per 365 days)
NUEDEXTA	3	
<i>phrenilin forte</i>	3	PA
RADICAVA	4	PA
<i>riluzole</i>	1	PA
<i>tencon</i>	3	QL (360 EA per 30 days) PA
<i>tetrabenazine</i>	4	PA
<i>vanatol lq</i>	4	PA
<i>zebutal caps 325mg; 50mg; 40mg</i>	3	QL (360 EA per 30 days) PA
Fibromyalgia Agents		
SAVELLA	2	QL (60 EA per 30 days)
SAVELLA TITRATION PACK	2	QL (110 EA per 365 days)
Multiple Sclerosis Agents		
AMPYRA	4	QL (60 EA per 30 days) PA
AUBAGIO	4	QL (30 EA per 30 days) PA
AVONEX	4	QL (4 EA per 28 days) PA
AVONEX PEN	4	QL (4 EA per 28 days) PA
BETASERON	4	QL (15 EA per 30 days) PA
COPAXONE INJ 40MG/ML	4	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	4	QL (30 ML per 30 days) PA
EXTAVIA	4	QL (15 EA per 30 days) PA
GILENYA	4	QL (30 EA per 30 days) PA
<i>glatiramer acetate inj 40mg/ml</i>	4	QL (12 ML per 28 days) PA
<i>glatiramer acetate inj 20mg/ml</i>	4	QL (30 ML per 30 days) PA
<i>glatopa</i>	4	QL (30 ML per 30 days) PA
OCREVUS	4	QL (40 ML per 365 days) PA
PLEGRIDY	4	QL (1 ML per 28 days) PA
PLEGRIDY STARTER PACK	4	QL (2 ML per 365 days) PA

Drug Name	Drug Tier	Requirements/Limits
REBIF	4	QL (6 ML per 28 days) PA
REBIF REBIDOSE	4	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	4	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	4	QL (8.4 ML per 365 days) PA
TECFIDERA	4	QL (60 EA per 30 days) PA
TECFIDERA STARTER PACK	4	QL (120 EA per 365 days) PA
TYSABRI	4	PA
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
ARESTIN	4	
<i>cevimeline hcl</i>	3	
<i>chlorhexidine gluconate oral rinse</i>	1	
<i>chlorhexidine gluconate soln</i>	1	
KEPIVANCE	4	
<i>oralone dental paste</i>	1	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl tabs 7.5mg</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	
Dermatological Agents		
<i>Dermatological Agents</i>		
<i>acitretin caps 10mg, 25mg</i>	3	
<i>acitretin caps 17.5mg</i>	4	
<i>adapalene</i>	1	
<i>adapalene and benzoyl peroxide</i>	1	
<i>adapalene pump</i>	1	
<i>ammonium lactate crea, lotn</i>	1	
<i>amnesteem</i>	3	PA
<i>avita</i>	3	PA
<i>calcipotriene/betamethasone dipropionate</i>	3	QL (400 GM per 30 days)
<i>calcipotriene soln</i>	1	
<i>calcipotriene crea, oint</i>	3	
CALCITRIOL OINT 3MCG/GM	3	
<i>claravis</i>	3	PA
<i>clindamycin phosphate/tretinoin</i>	3	
<i>clindamycin/benzoyl peroxide</i>	3	
<i>clotrimazole/betamethasone dipropionate</i>	1	
CONDYLOX GEL	3	
COSENTYX	4	PA
COSENTYX SENSOREADY PEN	4	PA
<i>diclofenac sodium gel 1%</i>	3	QL (1000 GM per 30 days)
<i>diclofenac sodium transdermal soln 1.5%</i>	3	PA
<i>doxepin hydrochloride</i>	3	
<i>doxycycline cpdr 40mg</i>	3	
DUPIXENT	4	QL (8 ML per 28 days) PA
ELIDEL	3	
EPIDUO	3	
EPIDUO FORTE	3	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin/benzoyl peroxide</i>	1	
FINACEA	2	
<i>fluorouracil crea 5%</i>	1	
<i>fluorouracil crea 0.5%</i>	4	
<i>fluorouracil external soln 2%, 5%</i>	1	
<i>imiquimod crea</i>	1	
<i>methoxsalen caps</i>	4	
MIRVASO	3	PA
<i>myorisan</i>	3	PA
<i>neuac</i>	3	
OXSORALEN	4	
PENNSAID SOLN 2%	4	PA
PICATO	4	
<i>podofilox soln</i>	1	
RECTIV	3	
REGRANEX	4	PA
SANTYL	3	
<i>selenium sulfide lotn</i>	1	
SILIQ	4	PA
STELARA	4	PA
SYNALAR CREAM KIT	3	
SYNALAR CREA	3	
TACLONEX SUSP	4	QL (400 GM per 30 days)
<i>tacrolimus oint 0.03%, 0.1%</i>	3	
TALTZ	4	PA
<i>tazarotene crea</i>	1	
TAZORAC GEL	3	
TAZORAC CREA 0.05%	3	
TREMFYA	4	PA
<i>tretinoin microsphere</i>	3	PA
<i>tretinoin microsphere pump</i>	3	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	3	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	3	PA
UVADEX	3	
VEREGEN	4	
<i>zenatane</i>	3	PA
ZYCLARA	4	
ZYCLARA PUMP	4	

Electrolytes/Minerals/Metals/Vitamins

Electrolyte/Mineral Replacement

AMINOSYN 7%/ELECTROLYTES	3	B/D
<i>aminosyn 8.5%/electrolytes</i>	1	B/D
<i>aminosyn ii 8.5%/electrolytes</i>	1	B/D
AMINOSYN M INJ 65MEQ/L; 448MG/100ML; 343MG/100ML; 40MEQ/L; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 3MEQ/L; 140MG/100ML; 154MG/100ML; 3.5MMOLE/L; 13MEQ/L; 300MG/100ML; 147MG/100ML; 40MEQ/L; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>calcium gluconate inj</i>	1	
CARBAGLU	4	
CLINIMIX 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 20%	3	B/D
CLINIMIX 4.25%/DEXTROSE 25%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 5%/DEXTROSE 25%	3	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 5%/DEXTROSE 25%	3	B/D
<i>dextrose 10%/nacl 0.45%</i>	1	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	3	
<i>dextrose 10%</i>	1	
<i>dextrose 10%/nacl 0.2%</i>	1	
<i>dextrose 2.5%/nacl 0.45%</i>	1	
<i>dextrose 20%</i>	1	
<i>dextrose 25% inj 250mg/ml</i>	1	
<i>dextrose 30%</i>	1	
<i>dextrose 40%</i>	1	
<i>dextrose 5%</i>	1	
<i>dextrose 5%/lactated ringers</i>	1	
<i>dextrose 5%/nacl 0.2%</i>	1	
<i>dextrose 5%/nacl 0.225%</i>	1	
<i>dextrose 5%/nacl 0.3%</i>	1	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	
<i>dextrose 50%</i>	1	
<i>dextrose 70%</i>	1	
IONOSOL-B/DEXTROSE 5%	3	
IONOSOL-MB/DEXTROSE 5%	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	
ISOLYTE-S PH 7.4	3	
<i>k-sol soln</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con sprinkle</i>	1	
<i>lactated ringers viaflex</i>	1	
<i>magnesium sulfate in d5w inj 5%; 10gm/500ml, 5%; 1gm/100ml</i>	1	
<i>magnesium sulfate inj 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml, 50%</i>	1	
NORMOSOL -R	3	
NORMOSOL-M IN D5W	3	
NORMOSOL-R	3	
<i>normosol-r in d5w</i>	1	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
PLASMA-LYTE-56/D5W	3	
<i>potassium acetate inj 2meq/ml</i>	1	
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	1	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	1	
<i>potassium chloride cr tbc 10meq, 20meq</i>	1	
<i>potassium chloride er cpcr</i>	1	
<i>potassium chloride er tbc 10meq, 20meq, 8meq</i>	1	
<i>potassium chloride sr tbc 8meq</i>	1	
<i>potassium chloride/dextrose</i>	1	
<i>potassium chloride/dextrose/lactated ringers</i>	1	
<i>potassium chloride/dextrose/sodium chloride</i>	1	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	1	
<i>potassium chloride pack, oral soln</i>	1	
<i>potassium chloride inj 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml</i>	1	
<i>potassium citrate er</i>	1	
PROCALAMINE	3	B/D
<i>ringers injection</i>	1	
<i>sodium acetate inj 2meq/ml</i>	1	
<i>sodium chloride 0.45% inj</i>	1	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i>	1	
<i>sodium fluoride tabs 1mg</i>	1	
<i>sodium lactate inj 5meq/ml</i>	1	
<i>sodium phosphate inj 142mg/ml; 276mg/ml</i>	1	
<i>tpn electrolytes</i>	1	
Electrolyte/Mineral/Metal Modifiers		
DEPEN TITRATABS	4	
EXJADE	4	PA
FERRIPROX	4	PA
JADENU	4	PA

Drug Name	Drug Tier	Requirements/Limits
JADENU SPRINKLE	4	PA
<i>kionex</i>	1	
SAMSCA TABS 15MG	4	QL (30 EA per 60 days)
SAMSCA TABS 30MG	4	QL (60 EA per 30 days)
<i>sodium polystyrene sulfonate</i>	1	
<i>sps</i>	1	
SYPRINE	4	
Phosphate Binders		
AURYXIA	4	
<i>calcium acetate caps</i>	1	
<i>calcium acetate tabs 667mg</i>	1	
FOSRENOL PACK	4	
FOSRENOL CHEW 1000MG, 500MG, 750MG	4	
<i>lanthanum carbonate</i>	4	
RENAGEL TABS 400MG	2	
RENAGEL TABS 800MG	4	
RENVELA	4	
<i>sevelamer carbonate</i>	4	
VELPHORO	4	
Vitamins		
RAYALDEE	4	
<i>vp-pnv-dha</i>	1	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
CUVPOSA	3	
<i>dicyclomine hcl</i>	1	PA
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	3	
<i>glycopyrrolate tabs 1mg, 2mg</i>	1	
<i>glycopyrrolate tabs 1.5mg</i>	4	
<i>methscopolamine bromide tabs</i>	3	
<i>propantheline bromide tabs</i>	3	PA
Gastrointestinal Agents, Other		
CHENODAL	4	
CHOLBAM	4	PA
<i>cromolyn sodium conc 100mg/5ml</i>	3	
<i>diphenatol</i>	3	PA
<i>diphenoxylate/atropine</i>	3	PA
GATTEX	4	PA
<i>lansoprazole/amoxicillin/clarithromycin</i>	3	
<i>loperamide hcl caps</i>	1	
<i>metoclopramide hcl inj, oral soln, tabs</i>	1	
<i>metoclopramide odt</i>	3	
OICALIVA	4	QL (30 EA per 30 days) PA
<i>opium</i>	3	
<i>opium tincture tinc 1%</i>	3	
RELISTOR TABS	4	QL (90 EA per 30 days) PA
RELISTOR INJ 8MG/0.4ML	4	QL (12 ML per 30 days) PA
RELISTOR INJ 12MG/0.6ML	4	QL (18 ML per 30 days) PA
<i>ursodiol tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
XERMELO	4	QL (90 EA per 30 days) PA
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl soln</i>	1	
<i>cimetidine tabs</i>	1	
<i>famotidine premixed</i>	1	
<i>famotidine susr</i>	1	
<i>famotidine inj 200mg/20ml, 20mg/2ml, 40mg/4ml, 500mg/50ml</i>	1	
<i>famotidine tabs 20mg, 40mg</i>	1	
<i>nizatidine caps</i>	1	
<i>nizatidine soln</i>	3	
<i>ranitidine hcl caps, syrp</i>	1	
<i>ranitidine hcl inj 150mg/6ml, 50mg/2ml</i>	1	
<i>ranitidine hcl tabs 150mg, 300mg</i>	1	
Irritable Bowel Syndrome Agents		
<i>alosetron hydrochloride</i>	4	PA
AMITIZA	2	QL (60 EA per 30 days)
LINZESS	2	QL (30 EA per 30 days)
Laxatives		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-h</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i>	1	
KRISTALOSE	3	
<i>lactulose soln</i>	1	
MOVIPREP	2	
<i>peg 3350/electrolytes</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	
<i>polyethylene glycol 3350 pack, powd</i>	1	
SUPREP BOWEL PREP KIT	2	
<i>trilyte</i>	1	
Protectants		
CARAFATE SUSP	3	
<i>misoprostol</i>	1	
SUCRALFATE SUSP	3	
<i>sucralfate tabs</i>	1	
Proton Pump Inhibitors		
DEXILANT	3	QL (30 EA per 30 days)
<i>esomeprazole magnesium</i>	3	QL (30 EA per 30 days)
<i>esomeprazole sodium</i>	3	
<i>lansoprazole cpdr</i>	1	QL (30 EA per 30 days)
<i>omeprazole/sodium bicarbonate caps</i>	4	QL (30 EA per 30 days)
<i>omeprazole/sodium bicarbonate pack</i>	4	QL (60 EA per 30 days)
<i>omeprazole cpdr</i>	1	QL (30 EA per 30 days)
<i>pantoprazole sodium inj</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium tbec</i>	1	QL (30 EA per 30 days)
<i>rabeprazole sodium</i>	1	QL (30 EA per 30 days)
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</i>		
ADAGEN	4	PA
ALDURAZYME	4	PA
BUPHENYL TABS	4	
CERDELGA	4	PA
CEREZYME	4	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	
CREON CPEP 180000UNIT; 36000UNIT; 114000UNIT	4	
CYSTADANE	4	
CYSTAGON	3	
ELAPRASE	4	PA
EXONDYS 51	4	PA
FABRAZYME	4	PA
KANUMA	4	PA
KUVAN	4	PA
LUMIZYME	4	PA
MYOZYME	4	PA
NAGLAZYME	4	PA
NITYR	4	
ORFADIN	4	
PROCYSBI	4	PA
RAVICTI	4	PA
<i>sodium phenylbutyrate powd, tabs</i>	4	
STRENSIQ	4	PA
SUCRAID	4	
VIMIZIM	4	PA
VPRIV	4	PA
XIAFLEX	4	PA
XURIDEN	4	QL (120 EA per 30 days) PA
ZAVESCA	4	PA
ZENPEP CPEP 109000UNIT; 20000UNIT; 68000UNIT, 136000UNIT; 25000UNIT; 85000UNIT, 16000UNIT; 3000UNIT; 10000UNIT, 27000UNIT; 5000UNIT; 17000UNIT, 55000UNIT; 10000UNIT; 34000UNIT, 82000UNIT; 15000UNIT; 51000UNIT	2	
ZENPEP CPEP 218000UNIT; 40000UNIT; 136000UNIT	4	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er</i>	3	
<i>flavoxate hcl</i>	1	
GELNIQUE GEL 10%	3	
MYRBETRIQ	2	
<i>oxybutynin chloride er</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride syrp, tabs</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
TOVIAZ	2	
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	
VESICARE	2	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	
CARDURA XL	3	
CIALIS TABS 2.5MG, 5MG	3	QL (30 EA per 30 days) PA
<i>doxazosin</i>	1	
<i>doxazosin mesylate tabs 1mg, 2mg, 8mg</i>	1	
<i>dutasteride</i>	3	
<i>dutasteride/tamsulosin hydrochloride</i>	3	
<i>finasteride tabs 5mg</i>	1	
RAPAFLO	2	
<i>tamsulosin hcl</i>	1	
<i>terazosin hcl caps</i>	1	
Genitourinary Agents, Other		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tabs</i>	1	
ELMIRON	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
A-HYDROCORT INJ 100MG	3	
<i>ala-cort crea 2.5%</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>alphatrex gel</i>	1	
<i>amcinonide</i>	3	
<i>apexicon e</i>	4	
ARISTOSPAN INTRA-ARTICULAR	3	
<i>augmented betamethasone dipropionate</i>	1	
<i>baycadron</i>	1	
<i>betamethasone dipropionate crea, lotn, oint</i>	1	
<i>betamethasone sodium phosphate/betamethasone acetate</i>	1	
<i>betamethasone valerate crea, lotn, oint</i>	1	
<i>betamethasone valerate foam</i>	3	
CAPEX	3	
<i>clobetasol propionate e</i>	3	
<i>clobetasol propionate emollient foam</i>	3	
<i>clobetasol propionate crea, foam, gel, liqd, lotn, oint, sham, soln</i>	3	
<i>clocortolone pivalate</i>	3	
<i>clocortolone pivalate pump</i>	3	
<i>clodan</i>	3	
<i>colocort</i>	1	
CORDRAN TAPE	3	
CORDRAN TAPE	3	

Drug Name	Drug Tier	Requirements/Limits
<i>cormax scalp application</i>	3	
CORTIFOAM FOAM 10%	3	
<i>cortisone acetate tabs 25mg</i>	1	
<i>deltasone tabs 20mg</i>	1	
DEPO-MEDROL INJ 20MG/ML	3	
DESONATE	3	
<i>desonide crea, lotn, oint</i>	1	
<i>desoximetasone crea, gel</i>	3	
DESOXIMETASONE OINT 0.05%	3	
<i>desoximetasone oint 0.25%</i>	3	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	
<i>dexamethasone elix, soln</i>	1	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
<i>diflorasone diacetate</i>	3	
EMFLAZA	4	PA
<i>fludrocortisone acetate tabs</i>	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluocinonide crea 0.05%</i>	1	
<i>fluocinonide crea 0.1%</i>	4	
<i>fluocinonide gel, oint, soln</i>	1	
<i>flurandrenolide crea, oint</i>	3	
<i>fluticasone propionate crea 0.05%</i>	1	
<i>fluticasone propionate lotn 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone butyrate (lipophilic)</i>	1	
<i>hydrocortisone butyrate crea, oint, soln</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone external crea 2.5%</i>	1	
<i>hydrocortisone rectal crea, enem, tabs</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
KENALOG-10	3	
KENALOG-40	3	
<i>lokara</i>	1	
MEDROL TABS 2MG	3	
<i>methylprednisolone acetate inj 40mg/ml, 80mg/ml</i>	1	
<i>methylprednisolone dose pack tbpk</i>	1	
<i>methylprednisolone sodiumsuccinate inj 1000mg, 125mg, 40mg</i>	1	
<i>methylprednisolone tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MILLIPRED DP	3	
MILLIPRED TABS	3	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	1	
PANDEL	4	
<i>prednicarbate</i>	1	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone soln</i>	1	
<i>prednisolone syrp 15mg/5ml</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone soln, tbpk</i>	1	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
RAYOS	4	
SOLU-CORTEF	3	
SOLU-MEDROL INJ 2GM	3	
<i>triamcinolone acetanide aers 0.147mg/gm</i>	3	
<i>triamcinolone acetanide crea 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetanide lotn 0.025%, 0.1%</i>	1	
<i>triamcinolone acetanide oint 0.025%, 0.1%, 0.5%</i>	1	
<i>triderm</i>	1	
UCERIS FOAM 2MG/ACT	3	

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

CHORIONIC GONADOTROPIN	3	PA
<i>desmopressin acetate nasal soln, tabs</i>	1	
<i>desmopressin acetate inj</i>	3	
EGRIFTA INJ 2MG	4	QL (30 EA per 30 days) PA
EGRIFTA INJ 1MG	4	QL (60 EA per 30 days) PA
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	PA
H.P. ACTHAR	4	PA
HUMATROPE COMBO PACK	4	PA
HUMATROPE INJ 12MG, 24MG, 6MG	4	PA
INCRELEX	4	PA
NORDITROPIN FLEXPRO	4	PA
NORDITROPIN NORDIFLEX PEN INJ 30MG/3ML	4	PA
NOVAREL	3	PA
NUTROPIN AQ NUSPIN 10	4	PA
NUTROPIN AQ NUSPIN 20	4	PA
NUTROPIN AQ NUSPIN 5	4	PA
NUTROPIN AQ PEN	4	PA

Drug Name	Drug Tier	Requirements/Limits
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML	4	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	3	PA
SAIZEN	4	PA
SAIZEN CLICK.EASY	4	PA
SEROSTIM INJ 4MG, 5MG, 6MG	4	PA
STIMATE SOLN	4	
ZORBTIVE	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	4	QL (120 EA per 30 days) PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Anabolic Steroids</i>		
ANADROL-50	4	PA
<i>oxandrolone tabs 2.5mg</i>	3	QL (240 EA per 30 days) PA
<i>oxandrolone tabs 10mg</i>	3	QL (60 EA per 30 days) PA
<i>Androgens</i>		
ANDRODERM PT24 2MG/24HR, 4MG/24HR	2	PA
ANDROGEL PUMP GEL 1.62%	2	PA
ANDROGEL GEL 20.25MG/1.25GM, 40.5MG/2.5GM	2	PA
ANDROXY	3	PA
<i>danazol caps</i>	1	
<i>methitest</i>	3	PA
<i>methyltestosterone caps</i>	4	PA
STRIANT	3	PA
<i>testosterone cypionate inj</i>	1	PA
<i>testosterone enanthate inj</i>	1	PA
<i>testosterone soln</i>	3	PA
<i>Estrogens</i>		
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amabelz</i>	3	PA
<i>amethia</i>	1	QL (91 EA per 91 days)
<i>amethia lo</i>	1	QL (91 EA per 91 days)
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	QL (91 EA per 91 days)
<i>aubra</i>	1	
<i>aviane</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>bekyree</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>briellyn</i>	1	
<i>camrese</i>	1	QL (91 EA per 91 days)
<i>camrese lo</i>	1	QL (91 EA per 91 days)
<i>caziant</i>	1	
<i>chateal</i>	1	
CLIMARA PRO	3	PA
COMBIPATCH	3	PA
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>cyred</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	QL (91 EA per 91 days)
<i>delyla</i>	1	
DEPO-ESTRADIOL INJ 5MG/ML	3	
<i>desogestrel/ethinyl estradiol</i>	1	
DIVIGEL GEL 0.5MG/0.5GM	3	PA
<i>drospirenone/ethinyl estradiol</i>	1	
<i>drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 10.02mg; 0.451mg</i>	1	
ELESTRIN	3	PA
<i>elinest</i>	1	
<i>emoquette</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
ESTRACE CREA	3	
<i>estradiol valerate inj</i>	1	
<i>estradiol/norethindrone acetate</i>	3	PA
<i>estradiol vaginal tabs</i>	3	
<i>estradiol pttw, ptwk, oral tabs</i>	3	PA
ESTRING	3	QL (1 EA per 90 days)
<i>estropipate tabs</i>	3	PA
<i>ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg</i>	1	
<i>falmina</i>	1	
<i>fayosim</i>	1	QL (91 EA per 91 days)
FEMRING	3	QL (1 EA per 90 days)
<i>femynor</i>	1	
FYAVOLV	3	PA
<i>gianvi</i>	1	
<i>gildagia</i>	1	
<i>gildess 1.5/30</i>	1	
<i>gildess 1/20</i>	1	
<i>gildess 24 fe</i>	1	
<i>gildess fe 1.5/30</i>	1	
<i>gildess fe 1/20</i>	1	
<i>introvale</i>	1	QL (91 EA per 91 days)
<i>isibloom</i>	1	

Drug Name	Drug Tier	Requirements/Limits
JEVANTIQUE LO	3	PA
<i>jinteli</i>	3	PA
<i>jolessa</i>	1	QL (91 EA per 91 days)
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kimidess</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
<i>layolis fe</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	1	
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	1	QL (91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	1	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0</i>	1	QL (91 EA per 91 days)
<i>levora 0.15/30-28</i>	1	
LO LOESTRIN FE	3	
<i>lomedica 24 fe</i>	1	
<i>lopreeza</i>	3	PA
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
<i>marlissa</i>	1	
MENEST	3	PA
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>mimvey</i>	3	PA
<i>mimvey lo</i>	3	PA
<i>mono-linyah</i>	1	
<i>mononessa</i>	1	
<i>myzilra</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35</i>	1	
<i>necon 1/50-28</i>	1	
<i>necon 10/11-28</i>	1	
<i>necon 7/7/7</i>	1	
<i>nikki</i>	1	
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	1	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	3	PA
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	1	
<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
NUVARING	3	
<i>ocella</i>	1	
<i>ogestrel</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtree</i>	1	
<i>pirmella 1/35</i>	1	
<i>pirmella 7/7/7</i>	1	
<i>portia-28</i>	1	
PREMARIN CREA	2	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	PA
PREMPHASE	3	PA
PREMPRO	3	PA
<i>previfem</i>	1	
<i>quasense</i>	1	QL (91 EA per 91 days)
<i>rajani</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	QL (91 EA per 91 days)
<i>setlakin</i>	1	QL (91 EA per 91 days)
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trinessa</i>	1	
<i>trinessa lo</i>	1	
<i>trivora-28</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	3	
<i>yuvafem</i>	3	
<i>zarah</i>	1	
<i>zenchent</i>	1	
<i>zenchent fe</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
Progesterone Agonists/Antagonists		
ELLA	2	
Progestins		
<i>camila</i>	1	
CRINONE	3	PA
<i>deblitane</i>	1	
DEPO-PROVERA INJ 400MG/ML	3	QL (10 ML per 28 days)
DEPO-SUBQ PROVERA 104	3	QL (0.65 ML per 90 days)
<i>errin</i>	1	
<i>heather</i>	1	
<i>hydroxyprogesterone caproate inj 1.25gm/5ml</i>	4	PA
<i>jencycla</i>	1	
<i>jolivette</i>	1	
<i>levonorgestrel</i>	1	
<i>lyza</i>	1	
MAKENA	4	PA
<i>medroxyprogesterone acetate tabs</i>	1	
<i>medroxyprogesterone acetate inj</i>	1	QL (1 ML per 90 days)
<i>megestrol acetate susp, tabs</i>	3	PA
<i>my way</i>	1	
<i>nora-be</i>	1	
<i>norethindrone acetate tabs</i>	1	
<i>norethindrone tabs</i>	1	
<i>norlyroc</i>	1	
<i>progesterone caps, inj</i>	1	
<i>sharobel</i>	1	
Selective Estrogen Receptor Modifying Agents		
<i>raloxifene hydrochloride</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levo-t</i>	1	
<i>levothyroxine sodium tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>liothyronine sodium tabs</i>	1	
<i>liothyronine sodium inj</i>	3	
SYNTHROID TABS	3	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
TIROSINT	3	
TYMLOS	4	PA
<i>unithroid</i>	1	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	4	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	1	
ELIGARD INJ 30MG	3	QL (1 EA per 112 days) PA
ELIGARD INJ 45MG	3	QL (1 EA per 168 days) PA
ELIGARD INJ 7.5MG	3	QL (1 EA per 28 days) PA
ELIGARD INJ 22.5MG	3	QL (1 EA per 84 days) PA
FIRMAGON INJ 80MG	3	QL (1 EA per 28 days) PA
FIRMAGON INJ 120MG	4	QL (4 EA per 365 days) PA
<i>leuprolide acetate inj</i>	4	PA
LUPANETA PACK KIT 3.75MG; 5MG	4	QL (1 EA per 28 days) PA
LUPANETA PACK KIT 11.25MG; 5MG	4	QL (1 EA per 84 days) PA
LUPRON DEPOT (1-MONTH)	4	QL (1 EA per 28 days) PA
LUPRON DEPOT (3-MONTH)	4	QL (1 EA per 84 days) PA
LUPRON DEPOT (4-MONTH)	4	QL (1 EA per 112 days) PA
LUPRON DEPOT (6-MONTH)	4	QL (1 EA per 168 days) PA
LUPRON DEPOT-PED (1-MONTH)	4	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (3-MONTH)	4	QL (1 EA per 84 days) PA
<i>octreotide acetate</i>	3	PA
SANDOSTATIN LAR DEPOT	4	PA
SIGNIFOR	4	QL (60 ML per 30 days) PA
SIGNIFOR LAR	4	QL (1 EA per 28 days) PA
SOMATULINE DEPOT	4	PA
SOMAVERT	4	PA
SUPPRELIN LA	4	QL (1 EA per 365 days) PA
SYNAREL	4	
TRELSTAR MIXJECT INJ 22.5MG	4	QL (1 EA per 168 days) PA
TRELSTAR MIXJECT INJ 3.75MG	4	QL (1 EA per 28 days) PA
TRELSTAR MIXJECT INJ 11.25MG	4	QL (1 EA per 84 days) PA
TRELSTAR INJ 3.75MG	4	QL (1 EA per 28 days) PA
TRELSTAR INJ 11.25MG	4	QL (1 EA per 84 days) PA
ZOLADEX INJ 3.6MG	3	QL (1 EA per 28 days)
ZOLADEX INJ 10.8MG	3	QL (1 EA per 84 days)

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
methimazole tabs 10mg, 5mg	1	
propylthiouracil tabs	1	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	4	PA
CINRYZE	4	PA
FIRAZYR	4	PA
RUCONEST	4	PA
<i>Immune Suppressants</i>		
ASTAGRAF XL	3	B/D
AZASAN	3	B/D
azathioprine inj, tabs	1	B/D
BENLYSTA	4	PA
CIMZIA	4	PA
CIMZIA STARTER KIT	4	PA
cyclosporine modified	1	B/D
cyclosporine inj	1	
cyclosporine caps	1	B/D
ENBREL	4	PA
ENBREL SURECLICK	4	PA
ENVARUSUS XR TB24 0.75MG, 1MG	3	B/D
ENVARUSUS XR TB24 4MG	4	B/D
gengraf	1	B/D
hecoria	1	B/D
HUMIRA	4	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	4	PA
HUMIRA PEN	4	PA
HUMIRA PEN-CROHNS DISEASESTARTER	4	PA
HUMIRA PEN-PSORIASIS STARTER	4	PA
INFLECTRA	4	PA
KINERET	4	PA
methotrexate sodium inj 100mg/4ml, 1gm/40ml, 1gm, 200mg/8ml, 250mg/10ml, 50mg/2ml	1	
methotrexate tabs	1	
mycophenolate mofetil caps, inj, tabs	1	B/D
mycophenolate mofetil susr	4	B/D
mycophenolic acid dr	3	B/D
NULOJIX	4	PA
ORENCIA	4	PA
ORENCIA CLICKJECT	4	QL (4 ML per 28 days) PA
PROGRAF INJ	3	
RAPAMUNE SOLN	4	B/D
RASUVO INJ 7.5MG/0.15ML	3	QL (0.6 ML per 28 days) PA
RASUVO INJ 10MG/0.2ML	3	QL (0.8 ML per 28 days) PA
RASUVO INJ 12.5MG/0.25ML	3	QL (1 ML per 28 days) PA
RASUVO INJ 15MG/0.3ML	3	QL (1.2 ML per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
RASUVO INJ 17.5MG/0.35ML	3	QL (1.4 ML per 28 days) PA
RASUVO INJ 20MG/0.4ML	3	QL (1.6 ML per 28 days) PA
RASUVO INJ 22.5MG/0.45ML	3	QL (1.8 ML per 28 days) PA
RASUVO INJ 25MG/0.5ML	3	QL (2 ML per 28 days) PA
RASUVO INJ 27.5MG/0.55ML	3	QL (2.2 ML per 28 days) PA
RASUVO INJ 30MG/0.6ML	3	QL (2.4 ML per 28 days) PA
REMICADE	4	PA
RENFLEXIS	4	PA
RHEUMATREX	3	
SANDIMMUNE SOLN	3	B/D
SIMPONI	4	PA
SIMPONI ARIA	4	PA
<i>sirolimus tabs 2mg</i>	1	B/D
<i>sirolimus tabs 0.5mg, 1mg</i>	3	B/D
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	1	B/D
TREXALL	3	
XATMEP	3	
ZORTRESS	4	PA
Immunizing Agents, Passive		
ATGAM	4	
BIVIGAM	4	PA
<i>carimune nanofiltered inj 12gm, 6gm</i>	4	PA
CUVITRU	4	PA
FLEBOGAMMA DIF	4	PA
GAMASTAN S/D	2	PA
GAMMAGARD LIQUID INJ 30GM/300ML	4	PA
<i>gammagard liquid inj 10gm/100ml, 1gm/10ml, 2.5gm/25ml, 20gm/200ml, 5gm/50ml</i>	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	4	PA
GAMMAKED	4	PA
GAMMAPLEX	4	PA
GAMUNEX-C	4	PA
HEPAGAM B	4	B/D
HIZENTRA	4	PA
HYPERHEP B S/D	4	B/D
HYPERRAB S/D	2	B/D
HYPERRHO S/D MINI-DOSE	3	
HYPERRHO S/D INJ 1500UNIT	3	
HYQVIA	4	PA
IMOGAM RABIES-HT	3	B/D
MICRHOGAM ULTRA-FILTERED PLUS	3	
<i>nabi-hb</i>	4	B/D
OCTAGAM	4	PA
PRIVIGEN	4	PA
RHOGAM ULTRA-FILTERED PLUS	3	
RHOPHYLAC	3	
SYNAGIS INJ 100MG/ML, 50MG/0.5ML	4	PA
THYMOGLOBULIN	4	
Immunomodulators		

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA INJ 80MG/4ML	3	PA
ACTEMRA INJ 200MG/10ML, 400MG/20ML	4	PA
ACTEMRA INJ 162MG/0.9ML	4	QL (3.6 ML per 28 days) PA
ACTIMMUNE	4	PA
ARCALYST	4	PA
ENTYVIO	4	PA
ILARIS INJ 180MG	4	QL (2 EA per 28 days) PA
ILARIS INJ 150MG/ML	4	QL (2 ML per 28 days) PA
KEVZARA	4	PA
<i>leflunomide tabs</i>	1	
LEMTRADA	4	PA
OTEZLA	4	PA
RIDAURA	4	
SIMULECT	4	
SYLVANT	4	PA
XELJANZ	4	PA
XELJANZ XR	4	PA
Vaccines		
ACTHIB INJ 0	2	
ADACEL	2	
BCG VACCINE	3	
BEXSERO	2	
BOOSTRIX	2	
CERVARIX	2	
COMVAX	2	
DAPTACEL INJ 23MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML	2	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	1	
ENGERIX-B	2	B/D
GARDASIL	2	
GARDASIL 9	2	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	2	
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
KINRIX	2	
M-M-R II	2	
MENACTRA	2	
MENHIBRIX	2	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	2	
PEDIARIX	3	
PEDVAX HIB INJ 7.5MCG/0.5ML	2	
PENTACEL	3	
PROQUAD	2	
QUADRACEL	2	
RABAVERT	3	B/D
RECOMBIVAX HB	2	B/D

Drug Name	Drug Tier	Requirements/Limits
ROTARIX	2	
ROTATEQ SOLN	2	
STAMARIL	2	
TENIVAC	2	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED	2	
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VARIZIG	4	PA
YF-VAX	2	
ZOSTAVAX	2	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
APRISO	2	
<i>balsalazide disodium</i>	1	
CANASA SUPP 1000MG	4	
DIPENTUM	4	
LIALDA	2	
<i>mesalamine dr tbec 1.2gm</i>	2	
<i>mesalamine enem, kit</i>	3	
PENTASA CPCR 250MG	3	
PENTASA CPCR 500MG	4	
<i>Glucocorticoids</i>		
<i>budesonide cpep 3mg</i>	3	
UCERIS TB24 9MG	4	
<i>Sulfonamides</i>		
<i>sulfasalazine tabs, tbec</i>	1	
<i>sulfazine</i>	1	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium soln</i>	1	
<i>alendronate sodium tabs 10mg, 35mg, 40mg, 5mg</i>	1	
<i>alendronate sodium tabs 70mg</i>	1	QL (4 EA per 28 days)
BINOSTO	3	QL (4 EA per 28 days)
<i>calcitonin-salmon soln</i>	1	QL (3.7 ML per 30 days)
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	1	
<i>calcitriol inj 1mcg/ml</i>	1	
<i>calcitriol oral soln 1mcg/ml</i>	1	
<i>doxercalciferol inj</i>	1	
<i>doxercalciferol caps</i>	3	
<i>etidronate disodium</i>	1	
FORTEO INJ 600MCG/2.4ML	4	PA
FORTICAL	3	QL (3.7 ML per 30 days)
FOSAMAX PLUS D	3	QL (4 EA per 28 days)
<i>ibandronate sodium inj</i>	1	
<i>ibandronate sodium tabs</i>	1	QL (1 EA per 28 days)
MIACALCIN INJ	4	

Drug Name	Drug Tier	Requirements/Limits
NATPARA	4	QL (2 EA per 28 days) PA
<i>pamidronate disodium</i>	1	
PARICALCITOL INJ	3	
<i>paricalcitol caps</i>	1	
PROLIA	3	QL (2 ML per 365 days)
<i>risedronate sodium dr</i>	1	QL (4 EA per 28 days)
<i>risedronate sodium tabs 30mg, 5mg</i>	3	
<i>risedronate sodium tabs 150mg</i>	3	QL (1 EA per 28 days)
<i>risedronate sodium tabs 35mg</i>	3	QL (4 EA per 28 days)
SENSIPAR	4	
XGEVA	4	PA
<i>zoledronic acid inj 4mg/5ml, 5mg/100ml</i>	3	
<i>zoledronic acid inj 4mg</i>	4	

Miscellaneous Therapeutic Agents

Miscellaneous Therapeutic Agents

ALCOHOL PREP PADS	2	
AMINOSYN II INJ 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML, 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	3	B/D
AMINOSYN-HBC	3	B/D
AMINOSYN-PF 7%	3	B/D
AMINOSYN-PF INJ 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	3	B/D
AMINOSYN-RF	3	B/D
AMINOSYN INJ 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML	3	B/D
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2	QL (200 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE/U-500/0.5ML/31G X 15/64"	2	QL (200 EA per 30 days)
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	2	QL (200 EA per 30 days)
CURITY GAUZE PADS 2"X2"	2	
<i>deferroxamine mesylate</i>	1	B/D
FREAMINE HBC 6.9%	3	B/D
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	3	B/D
HAEGARDA	4	PA
HEPATAMINE	3	B/D
<i>intralipid inj 20gm/100ml</i>	3	B/D
KALBITOR	4	PA
KEVEYIS	4	QL (120 EA per 30 days) PA
<i>lactated ringers irrigation</i>	1	
<i>levocarnitine inj, oral soln, tabs</i>	1	
<i>methergine tabs</i>	1	
<i>methylergonovine maleate tabs</i>	1	
MYALEPT	4	PA
NEPHRAMINE	3	B/D
<i>nutrilipid</i>	3	B/D
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>plenamine</i>	3	B/D
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
<i>premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i>	3	B/D
PROSOL	3	B/D
<i>ringers irrigation</i>	1	
<i>sodium chloride 0.9%</i>	1	
<i>sodium phenylacetate/sodium benzoate</i>	4	
SPINRAZA	4	PA
<i>sterile water irrigation</i>	1	
<i>tis-u-sol</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
TROPHAMINE INJ 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VISTOGARD	4	
Ophthalmic Agents		
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>bimatoprost</i>	1	QL (5 ML per 30 days)
COMBIGAN	2	
<i>latanoprost soln</i>	1	QL (2.5 ML per 25 days)
LUMIGAN	2	QL (2.5 ML per 25 days)
TRAVATAN Z	2	QL (2.5 ML per 25 days)
<i>travoprost</i>	1	QL (2.5 ML per 25 days)
Ophthalmic Agents, Other		
<i>ak-poly-bac</i>	1	
<i>atropine sulfate soln</i>	1	
<i>bacitracin/neomycin/polymyxin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
<i>cyclopentolate hcl</i>	1	
<i>cyclopentolate hydrochloride</i>	1	
CYSTARAN	4	QL (60 ML per 28 days) PA
EYLEA	4	PA
LACRISERT	3	
<i>neo-polycin</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
<i>proparacaine hcl</i>	1	
RESTASIS	2	
<i>trimethoprim/polymyxin b</i>	1	
<i>triple antibiotic oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	1	
Ophthalmic Anti-allergy Agents		
ALOCRIL	3	
<i>azelastine hcl ophthalmic soln 0.05%</i>	1	
BEPREVE	3	
<i>cromolyn sodium soln 4%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
EMADINE	3	
<i>epinastine hcl</i>	1	
<i>naphazoline hcl</i>	1	
<i>olopatadine hcl ophthalmic soln 0.1%</i>	1	
<i>olopatadine hydrochloride</i>	1	
PAZEO	2	
Ophthalmic Anti-inflammatories		
ALOMIDE	3	
ALREX	3	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>bromfenac</i>	3	
BROMSITE	3	QL (20 ML per 365 days)
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	1	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	1	
DUREZOL	2	
FLAREX	2	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
ILEVRO	2	QL (6 ML per 30 days)
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	1	
LOTEMAX SUSP	3	
LOTEMAX OINT	3	QL (14 GM per 365 days)
LOTEMAX GEL	3	QL (20 GM per 365 days)
MAXIDEX SUSP	2	
<i>neomycin/polymyxin/dexamethasone</i>	1	
NEVANAC	2	QL (6 ML per 30 days)
PRED MILD	2	
PRED-G	3	
PRED-G S.O.P.	3	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	1	
PROLENSA	3	QL (12 ML per 365 days)
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX ST	3	
TOBRADEX OINT	3	
<i>tobramycin/dexamethasone</i>	1	
VEXOL	2	
ZYLET	3	
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P SOLN 0.1%	2	
<i>apraclonidine</i>	1	
AZOPT	2	
<i>betaxolol hcl soln 0.5%</i>	1	
BETIMOL	3	
BETOPTIC-S	3	
<i>brimonidine tartrate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carteolol hcl</i>	1	
COSOPT PF	3	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	
IOPIDINE SOLN 1%	3	
ISTALOL	3	
<i>levobunolol hcl soln 0.5%</i>	1	
<i>methazolamide tabs</i>	1	
<i>metipranolol</i>	1	
PHOSPHOLINE IODIDE SOLR 0.125%	3	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	1	
SIMBRINZA	2	
<i>timolol maleate ophthalmic gel forming</i>	1	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	

Otic Agents

Otic Agents

<i>acetic acid</i>	1	
<i>acetic acid/aluminum acetate soln 2%; 0</i>	1	
<i>antibiotic ear soln 1%; 3.5mg/ml; 10000unit/ml</i>	1	
CIPRO HC	3	
CIPRODEX	2	
COLY-MYCIN S	3	
CORTISPORIN-TC	3	
<i>fluocinolone acetonide ear drops</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>hydrocortisone/acetic acid</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	

Respiratory Tract/Pulmonary Agents

Anti-inflammatories, Inhaled Corticosteroids

AEROSPAN	3	QL (17.8 GM per 30 days)
ASMANEX HFA	3	QL (26 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	3	QL (1 EA per 30 days)
BREO ELLIPTA	2	QL (60 EA per 30 days)
<i>budesonide nasal spray</i>	1	QL (17.2 GM per 30 days)
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	3	QL (120 ML per 30 days) B/D
FLOVENT DISKUS AEPB 250MCG/BLIST	2	QL (240 EA per 30 days)
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	2	QL (60 EA per 30 days)
FLOVENT HFA AERO 44MCG/ACT	2	QL (21.2 GM per 30 days)
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	2	QL (24 GM per 30 days)
<i>flunisolide soln 0.025%</i>	1	QL (50 ML per 30 days)
<i>fluticasone propionate susp 50mcg/act</i>	1	
<i>mometasone furoate susp 50mcg/act</i>	3	QL (34 GM per 30 days)
NUCALA	4	QL (1 EA per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
QVAR AERS 40MCG/ACT	2	QL (17.4 GM per 30 days)
QVAR AERS 80MCG/ACT	2	QL (26.1 GM per 30 days)
<i>triamcinolone acetonide aero 55mcg/act</i>	1	
Antihistamines		
<i>azelastine hcl nasal soln 0.1%, 0.15%</i>	1	QL (60 ML per 30 days)
<i>cetirizine hcl syrp 1mg/ml</i>	1	
<i>cyproheptadine hcl syrp, tabs</i>	3	PA
<i>desloratadine</i>	1	
<i>dexchlorpheniramine maleate syrp</i>	3	PA
<i>diphenhydramine hcl inj 50mg/ml</i>	1	
DYMISTA	2	QL (23 GM per 30 days)
<i>hydroxyzine hcl syrp</i>	1	PA
<i>hydroxyzine hcl inj, tabs</i>	3	PA
<i>levocetirizine dihydrochloride soln, tabs</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	3	QL (30.5 GM per 30 days)
SEMPREX-D	3	
Antileukotrienes		
<i>montelukast sodium chew, tabs</i>	1	
<i>montelukast sodium pack</i>	3	
<i>zafirlukast</i>	1	
<i>zileuton er</i>	4	
ZYFLO	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL (25.8 GM per 30 days)
COMBIVENT RESPIMAT	2	QL (8 GM per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	1	QL (540 ML per 30 days) B/D
<i>ipratropium bromide nasal soln</i>	1	
<i>ipratropium bromide inhalation soln</i>	1	QL (312.5 ML per 30 days) B/D
SPIRIVA HANDIHALER	2	QL (30 EA per 30 days)
SPIRIVA RESPIMAT	2	QL (4 GM per 30 days)
TUDORZA PRESSAIR	3	QL (60 EA per 30 days)
Bronchodilators, Sympathomimetic		
ADRENALICK	3	
<i>albuterol sulfate er</i>	3	
<i>albuterol sulfate syrp, tabs</i>	3	
<i>albuterol sulfate nebu 0.5%</i>	1	QL (100 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.63mg/3ml, 1.25mg/3ml</i>	1	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.083%</i>	1	QL (525 ML per 30 days) B/D
BROVANA	3	QL (120 ML per 30 days) B/D
EPINEPHRINE INJ 0.15MG/0.3ML, 0.3MG/0.3ML	2	
EPINEPHRINE INJ 0.15MG/0.15ML, 0.3MG/0.3ML	3	
FORADIL AEROLIZER	3	QL (60 EA per 30 days)
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	1	QL (270 ML per 30 days) B/D
<i>levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml</i>	1	QL (540 ML per 30 days) B/D
<i>levalbuterol tartrate hfa</i>	1	QL (30 GM per 30 days)
<i>levalbuterol nebu</i>	1	QL (90 EA per 30 days) B/D
<i>metaproterenol sulfate syrp, tabs</i>	3	
PERFOROMIST	4	QL (120 ML per 30 days) B/D
PROAIR HFA	2	QL (17 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PROAIR RESPICLICK	2	QL (2 EA per 30 days)
SEREVENT DISKUS	2	QL (60 EA per 30 days)
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days)
<i>terbutaline sulfate tabs</i>	3	
<i>terbutaline sulfate inj</i>	4	
Cystic Fibrosis Agents		
BETHKIS	4	B/D
CAYSTON	4	PA
KALYDECO	4	PA
ORKAMBI	4	QL (112 EA per 28 days) PA
PULMOZYME	4	PA
TOBI PODHALER	4	QL (224 EA per 56 days)
<i>tobramycin</i>	4	B/D
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline inj</i>	1	
DALIRESP	3	PA
LUFYLLIN TABS 200MG	3	
<i>theophylline anhydrous cr tb12 300mg</i>	1	
<i>theophylline cr tb12 100mg, 200mg</i>	1	
<i>theophylline er tb12, tb24</i>	1	
<i>theophylline/d5w inj 5%; 0.8mg/ml</i>	1	
<i>theophylline soln</i>	1	
Pulmonary Antihypertensives		
ADCIRCA	4	QL (60 EA per 30 days) PA
ADEMPAS	4	QL (90 EA per 30 days) PA
<i>epoprostenol sodium</i>	4	PA
LETAIRIS	4	QL (30 EA per 30 days) PA
OPSUMIT	4	QL (30 EA per 30 days) PA
ORENITRAM TBCR 0.125MG	3	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	4	PA
REMODULIN	4	PA
REVATIO SUSR	4	PA
<i>sildenafil tabs</i>	1	QL (90 EA per 30 days) PA
<i>sildenafil inj</i>	4	PA
TYVASO	4	QL (87 ML per 30 days) PA
TYVASO REFILL	4	QL (87 ML per 30 days) PA
TYVASO STARTER	4	QL (87 ML per 30 days) PA
UPTRAVI TBPK	4	QL (400 EA per 365 days) PA
UPTRAVI TABS	4	QL (60 EA per 30 days) PA
VELETRI	4	PA
VENTAVIS	4	QL (270 ML per 30 days) PA
Pulmonary Fibrosis Agents		
ESBRIET	4	PA
OFEV	4	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine soln</i>	1	B/D
ADVAIR DISKUS	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA	2	QL (24 GM per 30 days)
ANORO ELLIPTA	2	QL (60 EA per 30 days)
ARALAST NP	4	PA
DULERA	3	QL (17.6 GM per 30 days)
GLASSIA	4	PA
PROLASTIN-C	4	PA
<i>promethazine vc</i>	3	PA
<i>promethazine vc plain</i>	3	PA
<i>promethazine/phenylephrine</i>	3	PA
<i>ribavirin solr 6gm</i>	4	
STIOLTO RESPIMAT	2	QL (4 GM per 30 days)
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	2	QL (12 GM per 30 days)
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	2	QL (13.8 GM per 30 days)
TYZINE PEDIATRIC NASAL DROPS	2	
XOLAIR	4	PA
ZEMAIRA	4	PA

Skeletal Muscle Relaxants

Skeletal Muscle Relaxants

<i>carisoprodol tabs</i>	3	PA
<i>chlorzoxazone tabs 500mg</i>	3	PA
<i>chlorzoxazone tabs 250mg</i>	4	PA
<i>cyclobenzaprine hcl tabs</i>	3	PA
<i>methocarbamol tabs</i>	3	PA
<i>orphenadrine citrate er</i>	1	PA

Sleep Disorder Agents

GABA Receptor Modulators

<i>eszopiclone</i>	3	QL (30 EA per 30 days) PA
<i>zaleplon caps 5mg</i>	3	QL (30 EA per 30 days) PA
<i>zaleplon caps 10mg</i>	3	QL (60 EA per 30 days) PA
<i>zolpidem tartrate</i>	3	QL (30 EA per 30 days) PA
<i>zolpidem tartrate er</i>	3	QL (30 EA per 30 days) PA

Sleep Disorders, Other

<i>armodafinil tabs 150mg, 200mg, 250mg</i>	3	QL (30 EA per 30 days) PA
<i>armodafinil tabs 50mg</i>	3	QL (60 EA per 30 days) PA
BELSOMRA	2	QL (30 EA per 30 days)
HETLIOZ	4	QL (30 EA per 30 days) PA
<i>modafinil</i>	3	QL (30 EA per 30 days) PA
<i>pentobarbital sodium inj</i>	1	PA
ROZEREM	3	QL (30 EA per 30 days)
SILENOR	3	QL (30 EA per 30 days)
XYREM	4	QL (540 ML per 30 days) PA

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<i>zolmitriptan</i>	20
<i>zolmitriptan odt</i>	20
<i>zolpidem tartrate</i>	70
<i>zolpidem tartrate er</i>	70
<i>zonisamide</i>	14
ZORBTIVE	53
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ZOSTAVAX	62
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Retiree RxCare Formulary

This formulary was updated on September 1, 2017. For more recent information or other questions, please contact Retiree RxCare Contact Center at 1-855-693-3921 or, for TTY users, 1-855-693-3921, Monday through Friday, 8:00 AM to 8:00 PM (EST), or visit <http://retireerxcare.amwins.com>.

Retiree RxCare is a PDP with a Medicare contract. Enrollment in **Retiree RxCare** depends on contract renewal.

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